

Extended Telephone Support Service Pilot Evaluation

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ECOTEC Research and Consulting



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1.0 Introduction

ECOTEC Research and Consulting Ltd are delighted to present this report to the Department for Children, Schools and Families of our evaluation of Parentline Plus' Extended Support Service for 2008-9. ECOTEC were commissioned in April 2008 to evaluate the Extended Individual Telephone Support Service, being provided by Parentline Plus, between 2008-9. This document is the final report of the evaluation¹.

1.1 Background Aims and objectives

Parentline Plus receives grant funding from the Department for Children, Schools and Families to provide an Extended Individual Telephone Support Service (ETS) between 2008-9 and 2010-11. The Parentline Plus practitioner guidance defines the ETS service as a one-to-one service for parents and carers *'with longstanding issues or problems, who are ready to seek support to help them tackle their concerns'*². One-to-one telephone support is provided to parents through the service, based on a 'coaching' model³. Up to six calls are arranged at the parent's convenience with the same worker and lasting 45 minutes on average. ETS is designed to support parents in relation to three key areas:

- Parenting and family relationships
- Looking after themselves, finding and making use of help; and.
- Support outside the family

Parentline Plus aims to help 3% of callers to their main helpline to access this extended service, as well as piloting a number of additional referral routes which will lead to a target of approximately 1,950 users in the first year of the pilot; based on 1,500 referrals from Parentline Plus' other services and 450 referrals from local authorities. The additional referral routes will involve setting up a process whereby parents can self-refer (from a number of websites) and working with Local Authorities (5 in the first year and a further 10 in following years) to enable local referrals. Parentline Plus were asked to pilot these new referral routes, through close working with senior managers and parenting practitioners within five identified Local Authorities.

1.2 Aims and objectives

The aims of the evaluation were two-fold: firstly to evaluate the success and effectiveness of the service in improving outcomes for parents; and secondly to evaluate the pilot itself, in terms of the process of managing referrals from the new methods, in order to inform future rollout. The evaluation also contains an element of comparison between those receiving telephone versus face to face extended support. The evaluation will cover the first year of the pilot, financial year 2008-9.

¹ ECOTEC submitted the final report of the Evaluation of Extended Support Service in June 2009

² Parentline Plus: Extended Telephone Support: Practitioner Short Guide. Note: the guidance identifies that parents with an issue or crisis situation requiring immediate advice should be advised of the 24 hour Parentline Plus helpline, whilst those requesting factual information about childcare options should contact their local Family Information Service.

³ The model works by providing continuity in the calls made to a single support worker, who will: a) identify the areas the parent wishes to address; b) help them to identify ways to change the situation, and c) provide opportunities to test out the options that are available to them by providing (short term) telephone support

Specifically the research questions were:

- How many parents are referred onto the service and from which routes?
- Where were parents referred from (were they previously accessing alternative support through their Local Authority)?
- How did Local Authorities identify or select the parents?
- What was the process for referrals and how effective and efficient was it?
- What was the take up to the service like? How and why did parents decide whether or not to take up the support?
- What are the demographic characteristics and situations of parents accessing the extended support service?
- What are the outcomes for parents accessing a telephone based service versus other services?
- What was the overall cost per parent and how cost effective were the various referral methods?
- What lessons have been learned for the future rollout of this pilot?

1.3 Methodology

The evaluation methodology included quantitative and qualitative methodologies, as summarised below. The evaluation ran from 1 April 2008 to 30 June 2009.

Quantitative methods

- **Collection and analysis of monitoring information** - throughout the evaluation period Parentline Plus collected a range of monitoring information about the referrals made to the ETS service including the routes for referrals and the volumes of referrals as well as data on how many sessions each parent received. At the end of the evaluation this data was gathered and analysed in excel for use in the final report.
- **Semi structured telephone interviews** - with a sample of 80 parents⁴ randomly selected from the parents who agreed to take part on two occasions: **before** using the service (following referral) and 66 follow up interviews with the same parents **after** having received the ETS sessions. These were conducted using computer aided telephone interviewing between 1 January 2009 and 15 June 2009. Interviews lasted around half an hour and were conducted using a common questionnaire. The topline survey data in the interview topic guides is included in Annex 1.

⁴ 39 of the parents were referred by Parentline Plus, 36 parents were referred by Local Authorities, Cafcass and Merseyside Connexions and 5 parents did not have any specific referral agency

Qualitative methods

- **Visits and face to face and telephone based interviews with all five local authorities participating in the pilot and CAFcASS** - ECOTEC conducted a series of seven in depth interviews with senior managers involved in setting up and delivering the pilot and with the staff making the referrals onto the ETS service to assess the processes of the pilot and to establish what worked and did not work. These interviews lasted around an hour and findings were written up into an analysis grid.
- **Interviews with key staff at Parentline Plus managing and implementing the pilot** - a series of face to face and telephone based interviews with five key Parentline Plus staff at strategic and operational levels lasting around an hour each were used to assess the processes of the pilot and establish what worked and did not work.
- **Semi structured interviews with 25 parents accessing face to face support for comparison with parents accessing the ETS service** - parents were accessed from across the country at a range of local face to face parenting support services provided by Local Authorities. A variety of parents were selected to be interviewed from first time parents with young babies to parents with school aged children. These interviews lasted around 30 minutes and were conducted face to face and by telephone.
- **Analysis** - all qualitative data was analysed using a thematic gridding technique to extract themes by hand, from the data, along with verbatim comments for use in the report.

1.4 Presentation of data in this report

Throughout this report percentages are rounded to the nearest full percent. Any figure of more than zero but less than half a per cent is indicated by an asterisk (*). Where base sizes fall below the minimum of 100, the corresponding count is also given in brackets (n). In these cases, some caution is needed in terms of the significance of findings given the small sample sizes involved. Tolerances are involved in the comparison of results from different parts of the sample. In this case, when comparing the survey results from different samples over time (i.e. before and after). A difference, in other words, must be of at least a certain size to be considered statistically significant. In this case a difference must be at least $\pm 5.08\%$ at the 10 or 90% level to be considered statistically significant. In this report use is made of qualitative feedback and verbatim comments taken from participants from in depth interviews. These comments should be taken as illustrative of the range of opinions, but not statistically representative of the strength of opinion. Throughout this report we refer to the Extended Telephone Service as 'ETS'.

1.5 Structure of the report

This report is structured as follows:

- **Chapter 2** contains an overview of the ETS service and pilot project, including the numbers and characteristics of parents referred onto it and from which routes. It then gives a review of the effectiveness and outcomes of the ETS service for the parents using ETS.
- **Chapter 3** contains an assessment of the pilot processes including looking at what worked well or less well.
- **Chapter 4** contains a summary of conclusions and lessons learned.

Annex One contains the topline, or marked up survey results, for the before and after survey.

2.0 Effectiveness of the ETS service and outcomes for parents

This chapter considers the effectiveness of the pilot in terms of the take of parents to the ETS service and the volumes of referrals from the partners involved. It presents the evidence collected on the demographic characteristics of parents accessing the service (Section 2.1). Finally the chapter looks at the outcomes for parents of the pilot service (Section 2.2) and a comparison of face to face versus telephone based support services (Section 2.3). The chapter draws upon the monitoring data supplied by Parentline Plus; the survey data from the before and after surveys; and qualitative feedback from parents accessing face to face services.

2.1 Overview of the ETS service

2.1.1 Referrals and take up

In total 3,405 referrals had been made to the ETS service by the end of May 2009. The majority of these were made by Parentline Plus and only 103 referrals (3%) were made by referral agencies piloting the new referrals process, i.e. local authorities or CAFCASS. Table 2.1 below shows the breakdown of referrals by the five Local Authorities and CAFCASS. The table also includes two new referral agencies, Connexions Greater Merseyside and London Borough of Lambeth, which both became involved in the pilot recently and has already begun to make referrals to the ETS service.

Table 2.1 - Referrals to ETS

Referral route	Number of Referrals
Bristol	60
Medway	14
Lincolnshire	7
Nottingham	8
CAFCASS	8
Bournemouth	0
Connexions Greater Merseyside	5
Lambeth	1
Total	103

Source: Parentline Plus Monitoring data (June 2009)

The number of referrals that had been made by the referral agencies was lower than anticipated due to a number of reasons, which are outlined in Section 3.3. The number of referrals made by individual agencies varied with Bristol Council making by far the highest number of referrals (60). The two new referral agencies, Connexions Greater Merseyside and London Borough of Lambeth made only a few referrals, which was a promising start considering they neither had been involved in the pilot for very long. In contrast, Bournemouth was the only one of the original referral agencies that had not made any referrals due to delays in setting up the project.

In addition to the pilot referral agencies, Parentline Plus continued to make referrals to the ETS service. From April 2008 to May 2009 Parentline Plus made 3,302 referrals to the ETS service (97%). The majority of the referrals were made by the main Parentline helpline (2,623) but there were also referrals from Parentline Plus' local offices and their website.

Of the referrals made to the ETS service, 1,379 parents actually used (or took up) the service which is lower than the target of 1,950 referrals and amounts to just under half (42%) of all those referred. Overall, 1,310 Parentline referrals took up the service and 69 parents from referral agencies. The ratio of referrals to take up was affected by a series of factors which meant that parents who were referred did not actually receive the support, including being on a waiting list, difficulties getting appointments, cancelled and missed appointments and parents changing phone numbers or moving address. These issues are explored further in Section 3.3.1 which deals with the processes of the pilot.

2.1.2 Demographics of parents accessing the ETS service

In general parents who accessed the ETS service tended to be mothers who lived with their children (1,224 of 1,379). Some fathers did access the service but there tended to be a greater number of resident fathers (106) than non-resident fathers (12) (see Table 2.2).⁵

Table 2.2 - Status of parent or carer accessing the ETS service

Parent / carer status	Parentline Plus	Referral agencies	Total
Resident mother (includes stepmothers)	1160	64	1224
Resident father (includes stepfathers)	103	3	106
Non resident father	10	2	12
Other (includes non-resident mothers)	36	0	36
No response	1	0	1
Total	1310	69	1379

Source: Parentline Plus Monitoring data (June 2009)

Parents who contacted the ETS service came from a range of family backgrounds. Nearly half of parents (665) were lone mothers which was not surprising considering most of the parents accessing the ETS service were mothers. This may also be because lone parents do not have peer support from a partner to discuss issues with. There were no grandparents who accessed the service via a referral agency but a few grandparents were referred via Parentline Plus (see Table 2.3). Possible factors include that the referral agencies were getting used to the ETS process and generally appeared to be focussing on parents in the first instance, that they were unaware of grandparents' eligibility, or that grandparents made up a very small proportion of the existing caseloads of these agencies. This warrants further exploration by the referring agencies.

⁵ Comparator data for referrals from PLP was requested but not available at the time of writing.

Table 2.3 - Family status

Family status	Parentline Plus	Referral agencies	Total
Co-habiting	76	10	86
Lone father	41	2	43
Lone mother	626	39	665
Married	392	15	407
Other (includes stepfamily, adoptive, foster, grandparents)	164	3	167
No response	11	0	11
Total	1310	69	1379

Source: Parentline Plus Monitoring data (June 2009)

The age of parents' children ranged from under 1 to 25 years old with many parents having more than one child. The most common age of children was 13 to 15 year olds teenagers followed by children aged 10 to 12 (see Table 2.4). This suggests that parents needed support when their children reached transition stages such as becoming a teenager and starting school.

Table 2.4 - Age of children

Age of children	Parentline Plus	Referral agencies	Total
0 to 3	242	11	253
4 to 6	218	26	244
7 to 9	285	4	289
10 to 12	362	8	370
13 to 15	453	37	490
16 to 18	258	11	269
19 to 21	73	7	80
22 to 25	39	1	40
26 and over	25	0	25
Total	1955	105	2060

Source: Parentline Plus Monitoring data (June 2009)

The majority of parents (87%) who accessed the ETS service described their ethnic background as white (see Table 2.5). However there were also some parents who were of Asian or Black ethnic origin.

Table 2.5 - Ethnicity

Ethnicity	Parentline Plus	Referral agencies	Total
Asian	51	1	52
Black	39	3	42
Mixed	16	0	16
White	1152	59	1211
Other	31	4	35
No response	21	2	23
Total	1310	69	1379

Source: Parentline Plus Monitoring data (June 2009)

The household income of parents accessing the ETS service varied greatly from less than £5,000 per annum to over £30,000 (see Table 2.6) but there appeared to be a broad concentration of parents from lower income households of below £15,000 per annum.

Table 2.6 - Household Income

Household Income	Parentline Plus	Referral agencies	Total
Less than £5,000	89	4	93
£5,001 to £10,000	151	13	164
£10,001 to £15,000	176	13	189
£15,001 to 20,000	146	8	154
£20,001 to 30,000	105	5	110
More than £30,000	326	4	330
Prefer not to answer	32	1	33
Not known	229	14	243
No response	56	7	63
Total	1310	69	1379

Source: Parentline Plus Monitoring data (June 2009)

While the majority of parents (87%) described themselves as not having a disability around 153 parents being referred onto ETS (11%) did have a disability (see Table 2.7).

Table 2.7 - Disability

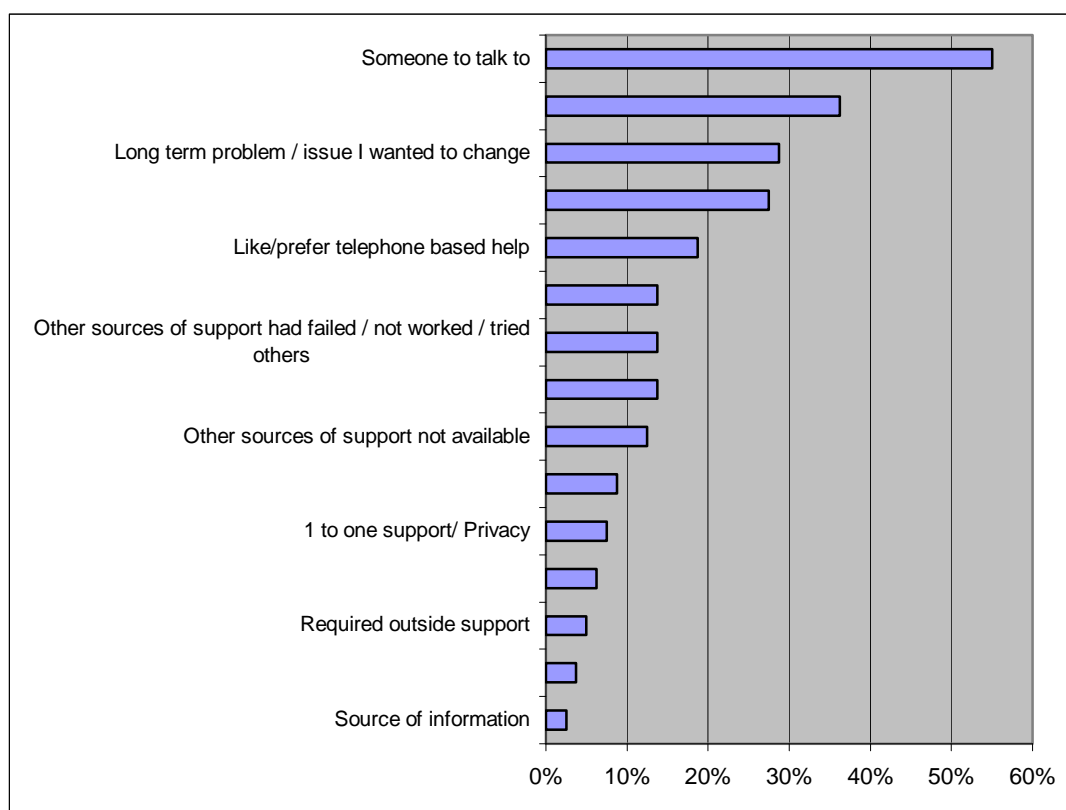
Disability	Parentline Plus	Referral agencies	Total
No	1143	62	1205
Yes	146	7	153
No response	21	0	21
Total	1310	69	1379

Source: Parentline Plus Monitoring data (June 2009)

2.1.3 Reasons for taking up ETS

Feedback from the survey indicated that parents accessed ETS for a variety of reasons as outlined below (Figure 2.1)⁶. These were mainly to have someone to talk to (55%), because they were in a desperate situation (36%) or to get help with a long term problem that they had not been able to resolve (29%). The reasons that are described as 'other' included those wanting to receive proper guidance for a specific problem and being encouraged to use the service. This indicates the complex and entrenched problems that ETS workers provide support on.

Figure 2.1 - What were your reasons for deciding to take up the offer of the ETS service?



Source: ECOTEC survey 2009, Base size 80 parents

⁶ Parents were allowed to select more than one response

Other feedback from the survey also illustrated that telephone based individual support was beneficial to parents who had specific needs to be addressed:

"I think my needs are different than most people - so working within a group might be less helpful than individual work". (Parent accessing ETS)

2.1.4 Sessions received

The majority of parents received six ETS sessions, but others did receive fewer or more depending on their personal circumstances and needs, as Table 2.8 below illustrates.

Table 2.8 - Number of ETS sessions received

Number of sessions	Number of parents receiving
0	1
1	3
2	2
3	7
4	10
5	8
6	31
8	1
12	1
16	1
Other	1

Source: ECOTEC survey 2009, Base size 66 parents

Overall, two in five (41%) of parents completed all sessions offered to them and a similar proportion missed some sessions but said they would not be receiving any more (39%). Others had had difficulties re-arranging missed slots or had stopped after four sessions but wished they had taken up all six that were offered. Five parents stated that their issue was resolved after three or four sessions and they did not need to complete a full set of six.

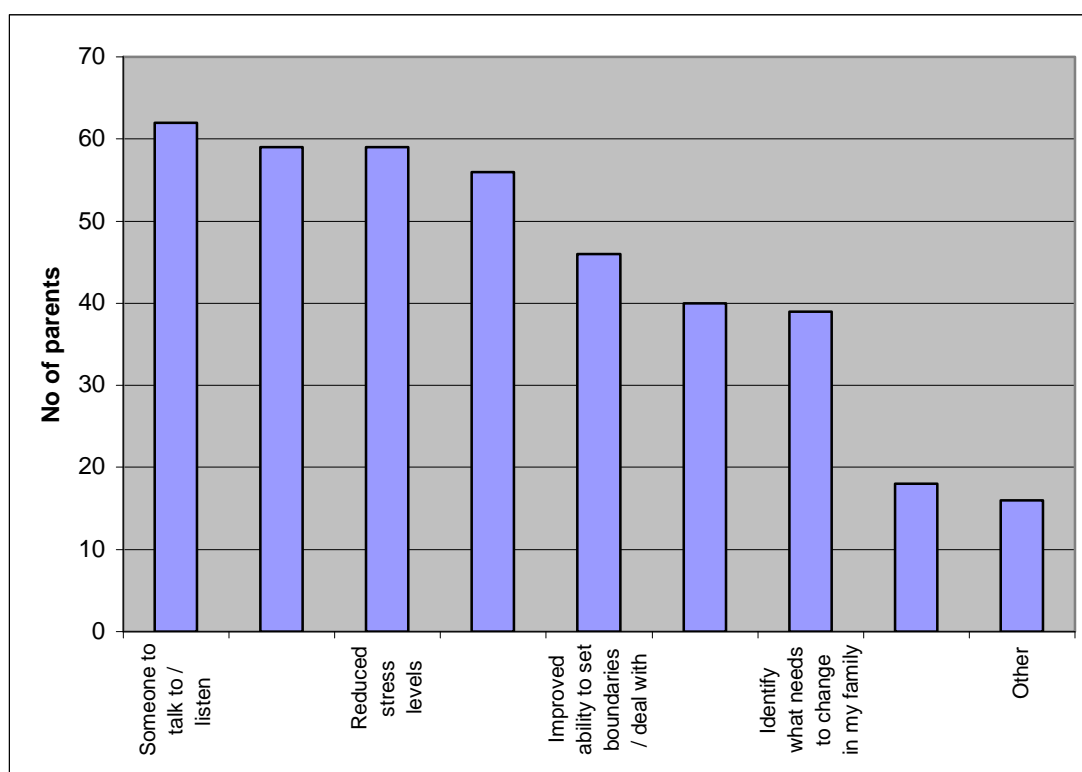
2.2 Outcomes of the ETS service for parents

2.2.1 Expectations of the service

Parents accessing ETS were hoping to get a range of things out of the sessions (see Figure 2.2) including someone to talk to (62 parents or 78%), getting support to make the changes needed and reduced stress levels (59 parents or 74% each). The sixteen individual parents answering 'other' suggested they were looking for:

- behaviour management techniques;
- strategies or approaches for dealing with situations;
- ways of prioritising the actions they took;
- support around setting boundaries; and,
- support on how to achieve happiness within their household again.

Figure 2.2 - What were you hoping to get out of the ETS sessions?



Source: ECOTEC survey 2009, Base size 80 parents

Parents were generally ambivalent about whether they preferred a telephone based or face to face approach to dealing with their issues, with around a third stating they preferred phone or that they do not mind (31 parents or 39% apiece). A minority of parents accessing ETS said they would have preferred a face to face approach (18 or 23%). However after having received the support, the majority (60 of 66 parents or 91%) felt it was very or fairly appropriate to their needs. This appears to be a fairly strong endorsement of the ETS model, and indicates that telephone-based support is a feasible option for many parents, even where their issues are complex or entrenched.

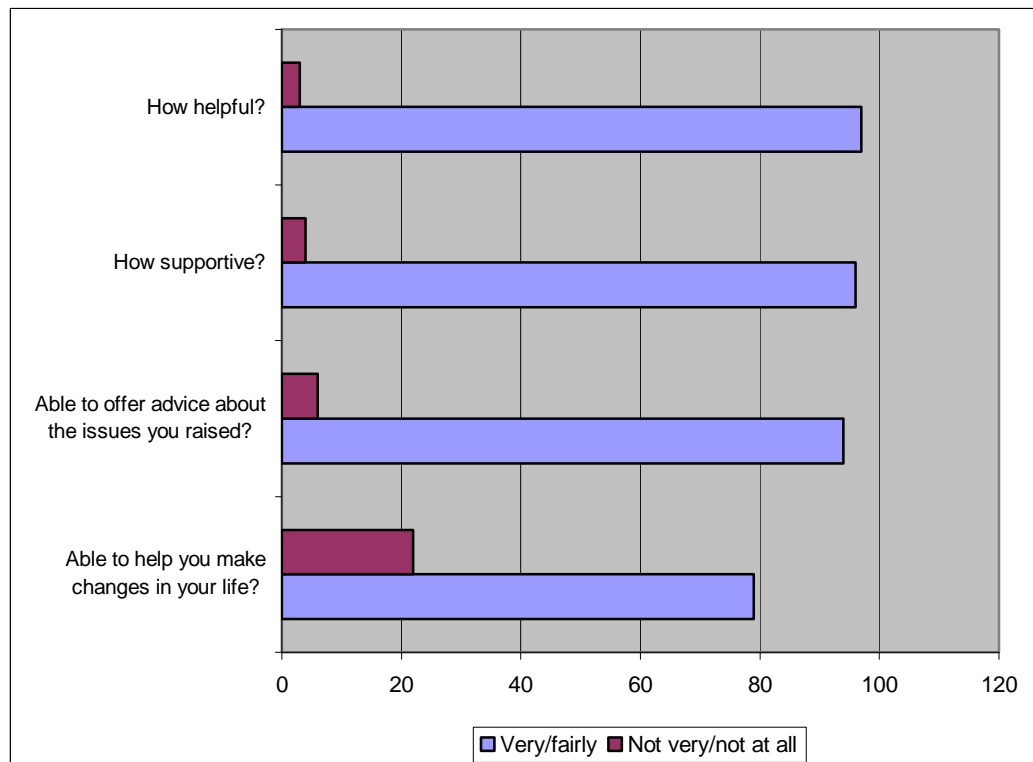
Overall, the majority of parents felt their expectations were met by the ETS service (58 parents or 88%) and that the sessions addressed their needs (59 parents or 89%).

2.2.2 Parents' reactions to the service

Parents that had accessed ETS were generally very positive about their experience and the benefits it brought them. Overall, 88% of parents (58 of 66) were very or fairly satisfied with ETS with only two parents out of the sample being dissatisfied. The parents' reasons for being dissatisfied with the service were finding out there was no straightforward solution to their problem and wanting to have a further communication with their parent support worker. This shows a strong endorsement of the service by parents using ETS. Parents were generally satisfied with the format of the sessions (63 parents or 96% satisfied) and overall the vast majority of parents (62 parents or 94%) reported that the sessions were useful, with seven in ten reporting at the highest level (very useful, 70%).

Reactions to the parent support workers⁷ providing the ETS service were also overwhelmingly positive, as Figure 2.3 illustrates. Parents were particularly positive about workers' helpfulness (97% very or fairly), supportiveness (96% very or fairly) and ability to offer advice (94% very or fairly). The majority of parents also felt workers were able to help them make changes in their life, but to a lesser extent (79%) than other areas mentioned above.

Figure 2.3 - How would you rate the parent support worker who conducted your sessions on the following issues?



Source: ECOTEC survey 2009, Base size 66 parents

2.2.3 Outcomes of the service for parenting and family life

Overall, parents accessing ETS were benefiting from a range of outcomes including significant improvements in their confidence as a parent, their understanding of their child's needs, their family relationships and their ability to make changes in their lives. All of the factors listed in Table 2.9 highlighted in grey, were areas where parents rated significant improvements between before and after using the ETS service. So for instance, parents were significantly more likely to feel more confident in their abilities as a parent after having accessed the ETS service. Similarly they were significantly more likely to report improvements in setting boundaries, praising their child and identifying their own needs after accessing ETS.

⁷ All parent support workers are specially selected, trained and supervised parenting practitioners, qualified at level 3 OCN and the service meets the National Occupational Standards for working with parents

Table 2.9 - How would you rate...? Results of 't tests' for significance⁸

	Mean	T score
...Your confidence in your abilities as a parent?	0.600	2.915
...Your understanding of your child's needs?	0.543	3.011
...Your ability to set boundaries for your child?	0.600	3.106
...Your ability to praise your child?	0.314	1.930
...How well you can identify your own needs?	0.514	2.276
...Your stress levels?	0.429	1.537
...How easily you can get support from other people in your life?	0.314	1.382
...Your relationship with other family members?	0.686	3.361
...Your ability to make changes to your life?	0.800	3.842
...How you cope with the challenges you're facing now?	0.543	2.404
...Your confidence in dealing with services like schools, health etc.	0.029	0.147

Source: ECOTEC Survey 2009, Base size 66. Significance tested with a one tailed test at the 5% level using paired records from the before and after surveys. Differences greater than 1.64 are statistically significant (based on T scores).

Parents accessing ETS did not however experience significant differences in their stress levels; how easily they could get support from other people in their life; or in their confidence in dealing with services like schools or health. This may be because for individual parents, the support provided was not specifically linked to ways of dealing with public services or staff (e.g. schools), or because wider factors were at play. Moreover, the ETS service was not intended to provide factual information about local services, and it would be expected that parents requiring such support were filtered at the point of referral. They would have been more likely to have received a referral to their local Family Information Service instead. Other survey evidence (Table 2.10) also confirmed that parents' confidence had generally improved as a result of the ETS support, with 70% (46 of 66 parents) reporting it had improved as a result of the intervention. A smaller proportion (65%) felt their overall parenting had improved as a result of the service (43 parents of 66).

⁸ The significance tests are used to compare parents' responses, and to calculate how probable it is that there is an improvement in each of the areas stated in the table

Table 2.10 - Since having Extended Telephone Support do you feel...

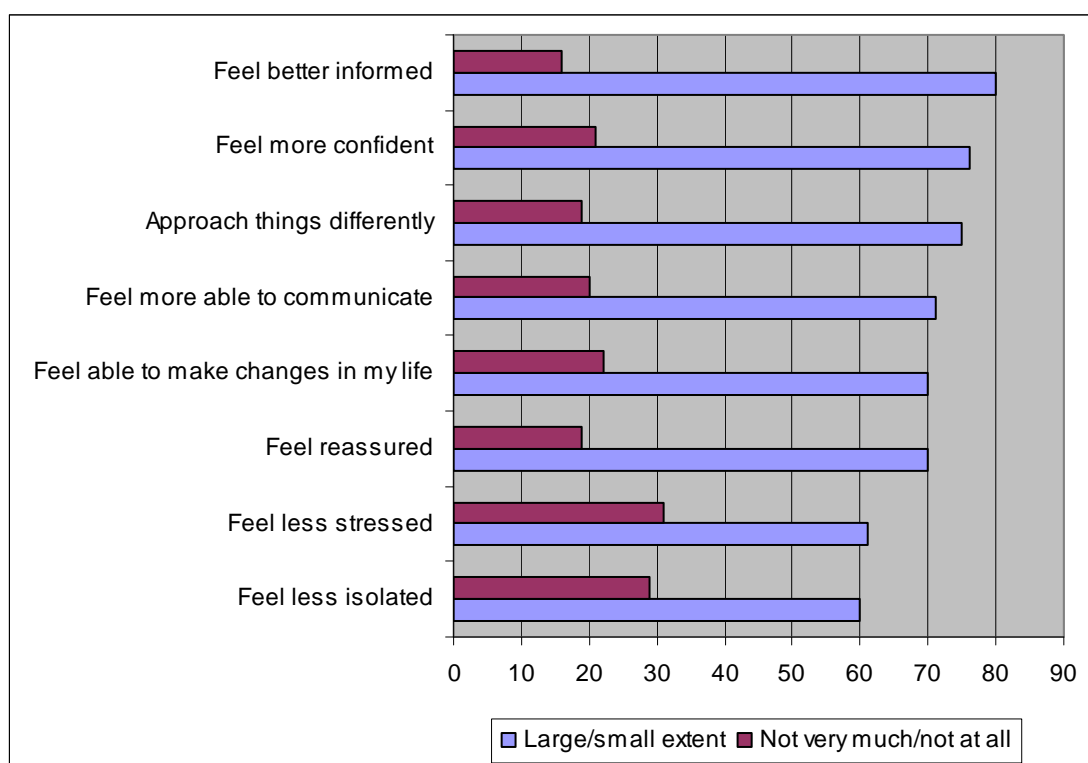
	Improved	Stayed same	Got worse	Too early to say
Your confidence has...	70% (46)	21% (14)	2% (1)	3% (2)
Your overall parenting has...	65% (43)	17% (11)	8% (5)	8% (5)

Source: ECOTEC survey 2009, Base size 66 parents

Parents were also positive about the effect ETS had had on their situation, with four in five parents saying it helped the situation a little or a lot (53 parents or 81%).

Parents accessing ETS were also positive about a range of outcomes with at least seven out of ten parents reporting positive outcomes across six areas including feeling better informed, more confident, and able to approach things differently (see Figure 2.4 below). Parents were less likely to feel less isolated as a result of the support, perhaps because a series of telephone sessions is not enough to combat the feelings of isolation experienced by some parents. Again, this evidence suggests that the ETS service was less effective around relieving stress (61% or 40 parents) than in other areas.

Figure 2.4 - How has your participation in ETS changed things, do what extent do you...?



Source: ECOTEC survey 2009, Base size 66 parents

Of the changes experienced, three quarters (32 parents or 74%) attributed this as being 'to a large extent' a result of the extended support they received from Parentline, with a further one in five attributing change to Parentline to a 'small extent' (9 parents or 21%). Around a quarter however felt that any improvements were due to other factors (11 parents or 26% 'to a large extent').

2.2.4 Parents' views of the local authority

Of those parents accessing the ETS service via a referral from their local authority (24 parents) the majority said it had changed their view of what was available from their local authority in terms of realising more options were available than they were previously aware of. Parents said:

"Two years ago they were not offering anything now a lot more [is] on offer"

"I had nowhere else to turn, and it showed me there were other places to go."

"The Local Authority has taken 6 months to offer the assistance I've asked for, so I am now having a better view of what they can offer."

"I didn't know Parentline was around, so it's broadened my horizons in that regard."

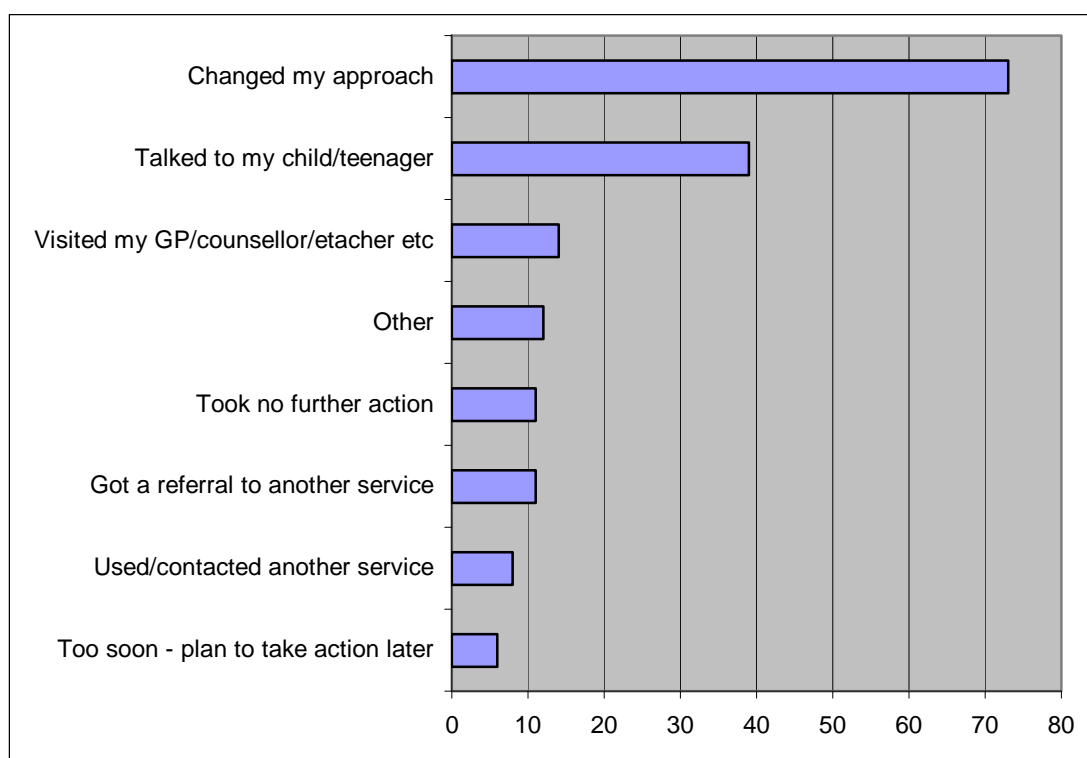
(Parents accessing ETS from local authority referrals)

2.2.5 Taking action

Parents took a range of actions after having received ETS support, with the largest proportion reporting outcomes around parents 'changing their approach to their child/teenager' (73% or 48 parents) which included talking more to their child or teenager see Figure 2.5. This is higher than survey results reported for the Parentline Helpline as a whole, where 41% of parents reported that they changed their approach as a result of contacting the national Parentline helpline, indicating that the more intensive support provided by ETS is effective in this area⁹.

⁹ ECOTEC (2009) Evaluation of Parent Know How - Chapter 2. Base size 350 parents.

Figure 2.5 - Did you take any action as a result of the ETS service...?



Source: ECOTEC survey 2009, Base size 66 parents

2.3 Telephone versus face to face support

This section explores the relative benefits of accessing parenting support via the telephone, in one's own home; versus face to face / group parenting support which is the format more commonly provided by local authorities.

2.3.1 Pro's and con's of telephone

For many parents there were key benefits to being able to access parenting support via the telephone, in their own home. Several aspects of the **format** of the ETS service also proved beneficial. The key benefits of the telephone-based ETS service reported by parents were:

- **Convenience**
"That someone phoned me, and that it was convenient, e.g. in my home"
- **Free of charge** to the user. Parentline cover the call costs (though some parents were unclear about whether Parentline would call them on their mobile phones or whether that would be cost-prohibitive)
- **Consistency of support** through being allocated to one specific worker
"Being the same person not having to keep explaining things and they can move on with you"
"One to one with same person so giving consistency"
- **Non judgemental and supportive staff** with support by telephone enabling a greater degree of confidentiality or anonymity

"[It] gave me confidence having someone who was neutral and non judgemental, [also] confidentiality"

"Having the one person that is there for YOU and your needs"

- **Ideas for actions** which are personalised to your situation, which may not be possible in a group situation
"It gave me some really good ideas and helped me change my son's behaviour"
- **Attentive and listening staff** because it is a one to one service
"Parentline workers listen more attentively than people at other services I've used."
- **Getting written follow up**, after the calls which helped them to guide their actions and improvements
"...Being sent a letter afterwards helped to guide me saw my improvements"
"...The written support through resume/transcript [was a benefit]".¹⁰

The feedback also suggested that parents would have liked a longer course of sessions than it was possible to provide. *"Having to stop after 6 sessions would like more sessions and have carried on for a little longer"*, *"Four weeks would have been better for my situation"*.

Feedback from local authorities participating in the pilot referrals to ETS indicated that being able to offer telephone based support to parents meant the local authority could target previously un-reached parents, such as those with long term limiting illnesses, single/busy parents and those with mobility problems or a lack of access to transport. Telephone support therefore 'filled a gap' in the range of things a local authority could offer thereby allowing them to cater for a wider range of needs.

¹⁰ Based on feedback from the after survey, base = 66

Other parents who had accessed the telephone based service noted some disadvantages to the service.

- Some **preferred a face to face approach** which would have given even more personalised responses
"Not seeing my support worker face to face, not having quite enough sessions, in order to move things along with my daughter that I'm still having difficulties with"
- **Difficulties arranging times** and getting slots that parents could make and difficulties re-arranging missed time slots
"I twice called to rearrange times, messages were left on answer phone and not passed on to anyone. I think there was a lack of communication & administration."
"The scheduling can be awkward - it did take two months to set a time for my sessions"
- **Difficulties around appropriate referrals** onto other relevant services because the service was provided centrally and therefore not locally specific or because not all services can be accessed in evenings
"I would have liked them to be able to provide more information about local parenting groups which could provide more support, or charities etc"
"Being referred onto further services that are not open at times that are convenient to single parents"
- One or two parents reported **differences in what they received on paper compared with the session**
"The transcript was not as I recalled the conversation - details weren't correct - seemed inaccurate".¹¹

2.3.2 Pro's and con's of face to face

A sample of 25 parents accessing face to face services provided by local authorities and third sector organisations were also included in the evaluation to enable a qualitative comparison with the experiences of parents accessing telephone based support. These included parents accessing drop-in sessions, women's groups, parenting courses and breastfeeding cafés. The services being accessed included group situations and one to one sessions where parents could go to one side with a worker to get more personalised support while a crèche facility was available for their child.

Some of the key benefits of accessing face to face support for these parents included benefits for both parents and children, as follows:

- the chance to **watch things being demonstrated** (for example, breastfeeding techniques or games to play with your child) and repeat them at home
'Nothing is the same a sitting there and having someone put you in the right position'
(White British mum, Leeds, accessing breastfeeding support at a baby café)
- **talking to other mums**, watching them and learning from their parenting style
- **watching their child in new environment** (for example, the opportunity to see how they interact with other children)

¹¹ Based on feedback from the after survey, base = 66

- more **time to develop trust** in the person giving support/advice (often a parenting professional rather than an unknown source as it might be via a website forum or over the telephone)
- the **atmosphere** at the parental support groups is welcoming and friendly

For the child:

- a chance to **interact with peers** and meet other babies/children.

Parents accessing face to face parenting services reported that they and their child benefited in a number of ways, and sessions had a number of outcomes. Parents receiving face to face support felt reduced isolation: going to the sessions enabled parents to get out of the house and gave them the opportunity to socialise. Attending face to face sessions meant reduced stress for the parent in dealing with the child. The access to professional or specialist support/advice for professionals at the group enabled parents to feel more confident around parenting generally, and around making changes or dealing with their child.

"I feel a lot more confident and a lot less stressed on the day I've been here because I know that I've done something for him. I don't feel guilt about him not being stimulated enough".

(Mother accessing face to face support)

Most parents who noticed a change as a result of attending a face to face group said it was a positive change and that things had improved as a result. However not all of the parents accessing face to face groups reported any particular changes. This was primarily because they were attending for social interaction for themselves or their child rather than to deal with an explicit issue, as in the case of parents using the ETS service. In this sense it was not possible to compare the services directly. Because the parenting support provided in groups generally tended to cater for parents of younger children, outcomes around ability to set boundaries and ability to praise your child, were not always as applicable to younger children.

There were a number of drawbacks to face to face support which parents noted, including:

- some feelings of hesitancy around being open in public about needs that they have or difficulties they are facing;
- difficulties fitting the times of face to face sessions around their child's sleep or feeding patterns; and
- issues around the accessibility or eligibility to some face to face courses. For example mothers who were not breastfeeding felt excluded from parenting groups that focussed on this area.

3.0 Assessment of the pilot processes

This chapter considers the effectiveness of the processes involved with establishing and implementing the pilot to extend ETS referrals via local authority partners. The chapter draws upon the qualitative interview evidence from Parentline Plus (PLP), local authority (LA), CAFCASS and Connexions representatives in the different pilot sites; to consider the issues that were encountered in establishing referrals and the factors affecting the levels of take-up by parents (sections 3.1 to 3.3). The cost per parent of the service is then considered, drawing upon the available PLP monitoring data and interview evidence (Section 3.4).

3.1 Setting up the pilot

The pilot referral agencies reported ***finding out about the pilot*** either having been approached by the national PLP representative, or by attending a publicity event. Although not all of the current local authority lead contacts were involved at the start, the initial response to ETS was thought to have been very positive. The PLP 'brand' was widely recognised, and the first impressions of the service were that it offered an additional method of supporting vulnerable parents with longstanding issues. The fact that the service was free was also considered important in making it an option that could be taken up by all parents.

3.1.1 Objectives for taking part

The set-up process was thought to have been the most effective where there was ***a clear rationale for joining the pilot***. This was assisted where the local authority already had a relationship in place with a PLP representative at a local level, and where they had supported local programmes. The main aims from becoming involved with the pilot were as follows:

- Two of the local authorities were developing their local Parenting Strategy when the pilot was launched, and saw a role for ETS in directly complementing this. One of these local authorities had identified a demand from parents for extra one-to-one support, to run alongside their group programmes. The ETS 'coaching' model was thought to provide a suitable option. The other local authority had encountered issues of poor retention in-between parents inquiring about face-to-face programmes, and places becoming available. There was interest in developing ETS as a 'bridging service'; to offer parents support in the interim.
- A third local authority had an existing call centre that was under-utilised, because parents were found to be using the national PLP telephone helpline instead. An opportunity was seen to re-negotiate the local contract with PLP and replace the existing service with ETS to offer more intensive support. As with the first two examples; the priority was to develop the service as part of the core offer, rather than as a stand-alone pilot.
- The remaining two local authorities did not have an existing service contract with PLP before the pilot and took a more speculative approach. The main draw was to offer a telephone-based service for those parents who might find it difficult to access face-to-face support due to confidence or childcare issues. It was also hoped that ETS might plug a gap, where the local authority duty team encountered parents with complex needs but there was no safeguarding issue. ETS offered an option for these parents, who did not meet the eligibility criteria for a specialist referral but might benefit from some additional support.
- For CAFCASS, the main perceived benefit of the pilot was to offer independent and confidential advice to parents; extending beyond the remit of what their family court

¹² also stood to provide more support than was available through the core service, whilst the pilot gave an opportunity to formalise and strengthen their organisational relationship with PLP.

3.1.2 Leadership and developing a referral network

The **lead responsibility** for the pilot varied between the local authorities, but this usually rested with either the Parenting Strategy Manager or the Head of the Family Information Service (FIS) in the first instance, working closely in partnership with the PLP national representative to get the pilot off the ground.

Whilst this relationship was generally thought to have been effective, most of the local pilots were hit by **staff turnover or changing responsibilities** to some extent. This sometimes led to the pilot being passed between departments and individuals, which slowed its progress. In the most extreme example, the pilot was overlooked following the departure of the FIS Manager and was only revived after their successor was copied into an email by chance. This was thought to highlight the need for more effective communication within the local authority; and between departments. One respondent identified that an ideal scenario would be to have a designated ETS contact person in each team.

The pilots typically raised awareness of ETS with services at a **strategic level** to begin with, by first gaining approval with the Senior Management Team and subsequently contacting the managers of teams or services that referred parents on a regular basis. This process was found to be the most straightforward where forums already existed for bringing service managers together. Examples included where the pilot was presented to the Parenting Advisory Board or Parent Strategy Reference Group. As one respondent commented: *“having that bit of infrastructure in place to start with helps”*.

The group awareness-raising was usually followed by **one-to-one visits**. This often proved the most time consuming aspect of establishing the pilot, but was considered important to tailor the information about ETS to the specific requirements of individual teams or practitioners: *“...for example, educational psychologists wanted the counselling model explained”*. These individual visits were also necessary where the LA sought to engage new partners to strengthen the multi-agency profile of the service. One local pilot engaged with the housing team and education welfare service, for example, because the focus on parents with longstanding issues was thought to be directly relevant to their service users. This was a new arrangement, as neither service previously referred to PLP. Overall a wide range of agencies and services were involved in making referrals, some to more extent than others. These included:

- Family Information Services
- CAF panel
- CAMHS
- Youth offending teams (YOT)
- Social care teams
- Extended schools
- Health visiting teams
- Voluntary sector bodies such as Barnardos.

¹² Up to six telephone calls to the parent, at an average duration of 45 minutes per call.

3.1.3 Publicity and awareness-raising

The pilot referring agencies used their **communications departments** to raise awareness of the pilot with varying degrees of success. One respondent identified how the use of the intranet had proven very effective, because the local authority was small in size and there was a very close-knit network of referral agencies who communicated regularly via the forum. ETS therefore took off very quickly by word of mouth. In contrast, another local authority found there was a poor response to their efforts to raise awareness via the intranet. This was thought to be because local services were dispersed across a very rural area and there was less of an established forum in place. It was therefore necessary to conduct a more time consuming series of visits to individual services to raise awareness.

The more specific range of methods used to raise awareness included the following:

- holding a multi-agency launch event
- undertaking a question-and-answer based consultation exercise
- producing flyers for practitioners and parents
- providing information via intranet and newsletter
- distributing email bulletins to service providers.

There were contrasting views on the quality of the **written publicity materials**. One non-local authority respondent was frustrated that the local authorities had been provided with readymade flyers and referral forms, but thought that not enough time had been spent by LA staff in promoting these materials to their front-line teams. However, several of the local authorities felt that the amount of time needed to tailor the materials and make them locally relevant had been underestimated by PLP. It sometimes proved necessary to develop a number of versions targeted at different services, because their individual needs were so specific.

CAFCASS had taken the step of integrating the PLP logo and information about ETS into their welcome pack for parents. The aim was to ensure that parents become aware of the service before they have requested support from CAFCASS, and would therefore be in a better position to ask questions or self-refer. This was at an early stage in being rolled-out. In summary, common success factors with regard to publicity materials were as follows:

- using simple leaflets and flyers with a clear message
- information displayed prominently at referring agencies (e.g. in reception and other customer facing areas)
- flyering campaigns refreshed on a regular basis, to keep them visible.

3.2 Making referrals

The system for making referrals was thought to be clear and straightforward by most of the local pilots, but a number of practical and cultural barriers were encountered when introducing the system to practitioners. The main ones were as follows:

Technology and access issues

The ETS referral form was made available to the local authorities as a web-based tool and as a downloadable copy, with a requirement to complete a number of mandatory fields and to gain parental consent. Two of the local authorities opted to rollout the online version only. However, it quickly became apparent that some practitioners, such as home visiting staff, did not have regular computer access. This meant that it was necessary to complete the form at a later date, which risked delays or data loss. One respondent suggested that a texting or voicemail system would be more manageable for outreach or home-based staff to make referrals. This was deemed feasible due to the relatively small amount of information required to support a referral.

Another local authority encountered technical difficulties with the online form, due to the different IT systems used by the referring agencies, some respondents' lack of knowledge about registering passwords, and problems with navigating the council's website. The form was migrated to the Every Child Matters area of the site, to improve access.

Referral criteria and supporting information

There was much initial debate between practitioners over the type and level of information required to support a referral to ETS. In practice, however, referring staff were often reported to have skipped parts of the form, or provided incomplete data. This was thought to be partly due to a lack of understanding of how the data would be used, and therefore its importance. One local authority lead described how gaps in the data provided could result in an inappropriate referral:

"This indicates that some of the practitioners are not thinking... like not providing data on ethnicity - that has to be tracked back. Because if you are going to do a personalised service, then that can be the difference between one programme or another... our specialist BME project, or referring them to Triple P".

(Local Authority Parenting Strategy Manager)

It was thought these types of issues could be addressed by providing a more detailed explanation of the data fields and their purpose when introducing the form.

Ethical and policy guidelines

Children's services representatives in one local authority were initially unhappy with the ETS guidelines for safeguarding and domestic violence, and demanded that the wording was amended to exactly follow the national guidelines. This situation was largely resolved by making amendments to the text, as a result of which most of the local authority teams signed-up to the revised version. The social care team was reported to have continuing reservations about ETS mainly due to concerns over safeguarding children procedures, however, and had not made any referrals to the service at the time the interviews took place for the evaluation.

3.3 Take-up of the pilot

The levels of take-up for the pilot were widely acknowledged to have been disappointing, which is substantiated by the Parentline monitoring data (refer to Chapter Two). The reasons for the low numbers of referrals were not fully understood, but were perceived to be a combination of the following:

- a. parents' low levels of awareness and understanding of the service, and therefore their propensity to use it, and
- b. practitioners' willingness and confidence to refer effectively, including possible confusion over thresholds at which parents are considered eligible for support.¹³

The early evidence from several of the pilots indicated that referrals were more commonly being made by **more specialist agencies** such as CAMHS and YOTs, and (in the case of one local authority) the CAF panel had been pro-active as well¹⁴. This was thought to reflect the focus of the service on parents with longstanding problems. In contrast, referrals were less commonly reported from schools, children's centres or health visiting teams. One local authority lead was surprised at the lack of uptake by the extended schools team given that parenting support forms part of the core offer. The key issue was thought to be that parents were in contact with a variety of staff at the school, and typically the secretary, not all of whom would have sufficient knowledge of ETS to identify the need for a referral.

There was relatively little insight to actual patterns of access, amongst the staff who were interviewed. This reflected the early stage in the pilot, and the more strategic roles that were held by the respondents. The lack of any strict threshold criteria for support was considered an important aspect of the service, which gave it a lot of flexibility. In particular, it was thought that ETS offered a viable option for parents with mobility difficulties, such as physical impairment or a chronic health condition, or more physically isolated families with poor access to transport. In this sense, ETS provided a niche of being a sustained one-to-one service accessible in the home; albeit by telephone rather than face-to-face.

3.3.1 Factors affecting take-up

The rates of **take-up by parents** referred to ETS varied between the local authorities, but a figure of around 50% was thought to be typical. Only one local authority was able to report on why parents did not take up the offer, based on informal feedback collected from parents. This identified three main factors:

- some parents were not offered a coaching slot immediately, and it was necessary to defer the referral. However they were never called back by Parentline with alternative dates. It was unclear what the protocols should be in this situation, and whether Parentline could or should re-call the parent, or whether they should make the referral again.
- some parents did not take up the service because their telephone or address details changed in the interim period between the referral being made and the call from Parentline, and it was not possible to re-contact them; and

¹³ Anecdotal evidence; one LA respondent thought that there was a potential issue of practitioners having a mindset of referring parents at crisis point, and that some adjustment is needed to refer at an earlier stage with problems escalating.

¹⁴ One local authority found that the CAF panel provided an ideal forum for making referrals to ETS. Parents were found to be more receptive to ETS if it was presented and justified as part of a support package agreed by the CAF team. This made the offer 'more concrete' and aligned it more with the child's behaviour at home than as a school-related issue.

- there was some uncertainty over whether mobile phones could be used for the coaching session, if the parent was unable to provide a landline number. This was significant since the local authority felt many low income parents relied solely on pay as you go mobiles and did not have landlines. Local authority staff were seeking clarification on this issue with Parentline, because of the potential extra costs incurred from calling to a mobile phone.

It is important to note that this feedback was small scale and from one pilot only. The other local authorities had not contacted parents after the referral to see whether they had taken up the support or not.

The interviews also provided an insight to the wider issues relating to the pilots that were thought to have affected levels of take-up. The main ones were as follows:

- **time to embed the service** - several respondents considered that a longer timescale was needed for practitioners to refer to ETS more routinely. One local authority lead had observed a similar process when establishing previous programmes. A certain “*tipping point*” had been reached, at which stage practitioners referred as second nature. It was felt that additional referral training on was needed to reach this point for ETS:

“There comes a point when practitioners get ‘switched on’ to a new programme... for example the Parenting Early Intervention pilot has embedded and grown... but some [practitioners] do this naturally, and others need to be trained to do this”

(Parenting Strategy Manager)

- **the need for ongoing awareness-raising** – there was a consensus that practitioners needed to be reminded of ETS on a regular basis to encourage referrals, and that numbers would otherwise fall-off. One local authority respondent described this as a “*drip-drip*” approach towards marketing the pilot. This approach had not always been taken. For example, one local authority found that patterns of referrals had quickly reverted back to the services who had established links with PLP from previous local programmes.
- **more systematic user feedback** - it was acknowledged that few of the local authorities had set in place effective (or indeed any) procedures to capture parents’ feedback about the publicity or whether or not they had taken up the referral process, or to capture evidence for whether ETS had changed parents’ responses towards other local parenting programmes. Better tracking of users at local authority level was thought to be necessary to understand whether parents understood the value and benefits of the service, although it was anticipated that some of this outcomes and satisfaction data would be provided by the evaluators; and;
- **translation costs** - one local authority had raised concerns with the Department over the lack of a budget to cover translation costs, which might act as a barrier in local areas with a high proportion of families with English as an Additional Language (EAL). This issue was being actioned by the Department at the time of the interviews.

The pilot referring agencies were at different stages in taking action to boost referral rates. One had amended their contract with PLP in response to low numbers of referrals, to enable parents to refer themselves directly. This required a new approach to publicising the service, with plans to use the local radio and printed press. It was anticipated that the impact of the change would be felt in September, with the start of the new school term. It was not clear whether this would be rolled out in all participating local authority areas.

At the time of interviewing, CAFCASS was developing an internal pilot called the *Private Law Programme*. The aim was to showcase the potential benefits of ETS to their family law advisers, and to more clearly identify the stages at which an ETS referral might benefit their service. The pilot had been established in two local test sites - Birmingham and Wolverhampton, with a longer-term view to national rollout.

There was also a common perception that the Parent Strategy Groups and senior managers within children's services departments needed to do more to ***make the ETS services accountable***, by pushing for them to make referrals and fulfil the terms of their involvement in the pilot. It was recognised that the PLP representative, although pro-active, had limited influence over local decision making.

3.4 Cost per parent of the ETS service

Initial costs per parent have been calculated for the period April 2008 to March 2009 and do not include any costs incurred, or parents referred to the service, after March. Two 'cost per parent' calculations were made, the first is based on the number of referrals made, up to the end of March 2009 and was £121.09¹⁵. The cost per parent based on parents that started the ETS service is higher at £265.23¹⁶ due to the number of parents who were referred but did not actually receive any sessions. This figure was more or less in line with the original target agreed with the department at the start of the funding of a cost of £244 per parent starting the sessions¹⁷.

These costs per parent are early estimations and feedback from Parentline plus suggested it was too early to estimate the true levels of uptake for ETS (given the long lead in time for some of the referral partners they were working with), and therefore the effect on the potential unit cost of the service. Parentline hoped that the service would release some capacity for organisations such as Connexions and YOTs, where it was sometimes necessary for workers to support parents beyond their remit due to the lack of appropriate alternative support being available.

Several of the local pilot areas considered that the service stood to achieve cost savings in the longer term, as a result of the focus on intervening earlier in the escalation of parents' problems and avoiding a crisis situation. These savings were somewhat hypothetical at the interviewing stage, however, given the slow initial pace of take-up for the service. Anecdotal evidence suggested levels of referrals from other agencies were starting to pick up in June, given the very long lead in time of work with the various partners and due to changes Parentline had already made to the referral process.

¹⁵ Cost per parent for referrals based on costs of £358,061 and 2,957 parents referred; figures were provided by Parentline Plus

¹⁶ Cost per parent for take up based on costs of £358,061 and 1,350 parents taking it up; figures were provided by Parentline Plus

¹⁷ Taken from PLP grant application documentation, Feb 2008: "While we aim to provide the service at a cost of £244 or less per parent, the actual numbers worked with and cost per parent during this pilot project will depend on the outcomes of our work to test different approaches to generating referrals."

4.0 Conclusions and lessons learned

This section presents the conclusions drawn from the findings presented above and identifies the lessons that have been learned which may inform the future rollout of this pilot.

4.1 Uptake of the ETS service

In total, 3,405 referrals were made to the ETS service up to the end of May 2009. Of these referrals, 1,379 parents used the service, with the majority of these parents having been referred by Parentline Plus. Referrals from the local authorities and CAFCASS were at a much lower level, having a long lead in time. Parents who accessed the service tended to have complex and entrenched problems and most parents did take up the full six sessions.

4.2 Outcomes of the ETS service for parents

Overall the findings of this evaluation resonated with findings of previous evaluations of ETS. Of the 66 parents accessing ETS, 63 said they would recommend ETS to other families which gives a good indication of the quality of the service and benefits it had provided for parents able to access it. Overall the service was delivering a high quality service to parents that met parents' expectations and was appropriate. Parents accessing ETS were benefiting from significant outcomes in many areas of their parenting skills and family life. For instance they were significantly more likely to feel more confident in their abilities as a parent after having accessed the ETS service. Similarly they were significantly more likely to report improvements in setting boundaries, praising their child and identifying their own needs after accessing ETS.

A direct comparison of the impacts of face to face versus the ETS telephone based style of support was not entirely possible since there was no 'real like to like' comparator for the support provided via ETS. However, there were clearly benefits and drawbacks for parents accessing both forms of support. For instance:

- the telephone support helped parents to retain their privacy, which was not possible in a face to face group, whilst face to face work enabled greater social interaction but did not always allow the rapport to build up between a worker and an individual; and,
- ETS clearly offered a more in depth and personalised response than could be offered in face to face group situations. However, individual face to face work, delivered in home, may be more intensive (such as home visits by health visitors).

Clearly there is a place for a variety of types of support in the suite of parenting services being made available to parents; enabling local authorities to make them available and facilitating staff/workers to make appropriate referrals depending on the parents needs and preferences is also key in ensuring local delivery meets needs.

4.3 Evaluation of the pilot processes

The evaluation has shown that ETS was highly anticipated amongst the pilot referral agencies, including the local authorities and CAFCASS, and that there was a strong commitment from the outset to mainstream the service within local Parenting Strategies. All of the key stakeholders who were interviewed felt that ETS stood to add value to the range of programmes that are already on offer for parents, by bridging a gap between generalist and specialist support services.

Those aspects of the service that were felt to provide its distinctiveness included:

- the flexible criteria for referral, not based on specific thresholds;
- the opportunity for sustained one-to-one (coaching) support;
- the accessibility of the service for isolated or immobile parents 'in their own home'; and,
- the availability of the service free of charge.

In practice, however, there was a sense of frustration that the pilot had taken longer to establish than was anticipated, and that the slow pace of referrals had done little to demonstrate its full potential. This was coupled with a modest take-up rate by parents who were referred; estimated at around half of total referrals for some local pilots.

Whilst there have been technical issues around the online referral process, and particularly for mobile staff with poor ICT access, the interviews suggest that the single biggest challenge to date is a cultural one. It has proven highly time-consuming to tailor ETS to fit practitioners' different professional language and protocols, and to instil a mindset of referring at an earlier stage in the development of a family crisis.

There was some evidence that more specialist teams such as YOTs, CAMHS and CAF panels were starting to make regular use of ETS, but that further work was needed to encourage schools, children's centres and health visiting teams to make referrals. A number of the respondents who were interviewed felt that greater accountability was needed at a local strategic level to make this happen, with Parenting Strategy Boards and senior managers of children's services pushing for services to support the pilot.

There was a generally low level of awareness of the patterns of referral at a strategic level, including how or whether ETS was reaching the intended parent segments, and its impact on their use of other parenting programmes further 'downstream'. This is perhaps surprising given that some local authorities were particularly interested in a role for ETS as a holding service for those parents who are waiting to start on face-to-face programmes. It certainly indicates the need to make more effective use of monitoring data and feedback from parents, to streamline the pilot processes and reduce the current rates of attrition.

The commitment for mainstreaming ETS in the longer term was very apparent. This is perhaps best illustrated by CAF/CASS, who have developed an internal pilot to test the case for making referrals as part of their core service to parents. Other services including Connexions and local authority safeguarding teams also identified the potential for ETS to ease their staffing capacity, by providing a more appropriate option for referring parents at the margins of their remit for support. Again, however, more reliable data is required to establish the scale of any cost savings that are likely to be realised by the service.

Initial estimates of the cost per parent were calculated as £121.09 per parent based on the number of referrals made by the end of March 2009 and £265.23 per parent based on the number of parents who took up the service after being referred. This figure was more or less in line with the original target agreed with the department at the start of the funding of a cost of £244 per parent starting the sessions¹⁸. However this calculation was mainly based on high levels of referrals from Parentline and not from the referring agencies as described previously. It was stressed that these are early estimates of the cost of service as it is too early to calculate the true levels of uptake to the service and the potential cost savings that

¹⁸ Taken from PLP grant application documentation, Feb 2008: "While we aim to provide the service at a cost of £244 or less per parent, the actual numbers worked with and cost per parent during this pilot project will depend on the outcomes of our work to test different approaches to generating referrals."

could be made further downstream should referral rates improve and interventions at an earlier stage prevent crisis situations. Anecdotal evidence suggested levels of referrals from other agencies were starting to pick up in June, given the very long lead in time of work with the various partners and due to changes Parentline had already made to the referral process.

4.4 Lessons learned

A number of key learning points can be identified from this evaluation of the process of setting-up the pilot, for the Department to be aware of when considering expanding the pilot to include other local authorities establishing an ETS service. These are as follows:

1. develop a close working relationship between PLP and the LA from the outset, with shared responsibilities for raising awareness and establishing referrals
2. have a clear rationale for the pilot, linked to aims in the local Parenting Strategy
3. identify a link person in different local authority teams and departments, to include parenting, education welfare, extended schools and the FIS
4. more attention paid to monitoring of levels of take-up and collecting feedback from parents, to identify what is / is not working at local authority level using PLP monitoring data and more informal contact with parents who are referred
5. build on existing infrastructure wherever possible, such as practitioner forums and CAF panels, to build a referral network
6. adopt a multi-layered approach to publicity and awareness-raising, with a mix of events and presentations, one-to-one visits to individual teams, use a staff intranet to raise awareness, and provide clear information available in various accessible formats for practitioners and parents
7. re-market the service periodically to maintain levels of awareness
8. develop understanding among the referring agencies of the parent groups suitable for referral, including grandparents or other carers
9. undertake follow up with parents locally to ensure parents referred are able to take up the service to ensure referrals convert into actual take up.

Annex - Topline survey data (before and after survey)

Topline data - before survey

Technical note: Results are based on 80 interviews conducted over the telephone with a sample of parents accessing the Extended Telephone Service. Interviews were conducted within two weeks of the parent being referred onto the ETS service, from a sample provided by Parentline Plus. Interviews were conducted between 5th January and 15th June 2009. Where results do not sum to 100%, this may be due to multiple responses, computer rounding or the exclusion of 'don't know/not stated' response categories.

'Tick all that apply' or multiple responses mean that respondents can give more than one answer to a question, therefore results will total more 100 as percentages are based on the total number of responses given.

SECTION ONE: Referral to ETS

Q1A: Can I just check, how did you first hear about the extended telephone support service? (*Please select one only*) (Total base = 80, All)

	Number	%
From contacting Parentline's general helpline, website, email support or local office	14	18%
From CAFCASS (organisation which looks after children involved in family court proceedings)	4	5%
From my Local Authority (Justice) - Youth Offending Team, Probation Services, Police, Anti-social behaviour team	3	4%
From my Local Authority - Children and Young People's Services	3	4%
From my Local Authority (Mental Health) - Child and Adolescent Mental Health Team, Community Mental Health Team	11	14%
From my Local Authority (Education) - Teacher, School Nurse, Education Welfare Officer, other education teams	2	3%
From my Local Authority (Social Services) - Social worker / social services, Children's social care team	8	10%
From my Local Authority (Health) - GP, health visitor, community midwives, other health professional	1	1%
From my Local Authority - Housing services	5	6%
From my Local Authority - Other (please specify)	29	36%
Total	80	100%

ASK IF ANSWERED A AT Q1A:

Q1B: And how did you originally find out about Parentline? *(Please select all that apply)*
(Total base = 14. Multiple responses allowed)

	Number	%
From the Phone Book	4	29%
Friends, family, word of mouth	3	21%
School	1	7%
From a web search engine (e.g. Google)	3	21%
Other	2	14%
Don't know/can't remember	2	14%
Total	14	100%

Q1C: Could you tell us which local authority area you live in? *(Please select one only)* (Total base = 28, Local authority referrals only)

	Number	%
Bristol	11	39%
Lincolnshire	7	25%
Medway	2	7%
Nottingham City	2	7%
Other (please specify)	6	21%
Total	28	100%

ASK IF B - J AT Q1A,

Q2A: Had you ever heard of Parentline before you were referred onto the extended telephone support? (Total base=66, Parentline referrals only)

		Total
	Count	Column N %
Yes	31	47%
No	34	52%
Don't know	1	2%
Total	66	100%

ASK IF YES AT Q2A,

Q2B: And have you ever contacted Parentline before? (Total base = 31, Parentline referrals who had heard of Parentline)

Total		
	Count	Column N %
Yes	9	29%
No	22	71%
Total	31	100%

ASK ALL EXCEPT THOSE WHO HAVE BEEN ROUTED TO Q3A AT Q2A OR Q2B

Q2C: Thinking about your most recent contact with Parentline. What was your purpose of contacting them? (*Please tick all that apply*) (Total base = 23, parents who had previously contacted Parentline. Multiple responses allowed)

Total		
	Count	Column N %
Information (i.e. general information)	5	22%
Advice (e.g. on your situation)	16	70%
Support (e.g. Someone to talk to)	14	61%
Answer to a specific query	3	13%
Confirmation of advice you had received elsewhere	2	9%
Hear from other parents in your situation	1	4%
Don't know	1	4%
Total	23	100%

ASK ALL

Q3A: Have you ever accessed any other parenting related information, advice or support services? (*Please select one only*) (Total base = 80, All.)

Total		
	Count	Column N %
Yes	15	19%
No	62	78%
Don't / can't remember	3	4%
Total	80	100%

ASK IF RESPONDED YES AT Q3A

Q3B: Which parenting related information, advice or support services have you accessed?
(Total base = 15, all who had accessed other parenting services. Multiple responses allowed)

		Total
	Count	Column N %
A parenting website - PLEASE SPECIFY	3	20%
A face to face support service such as one to one sessions -	1	7%
A parenting group - PLEASE SPECIFY	3	20%
A leaflet or publication - PLEASE SPECIFY	2	13%
Other - PLEASE SPECIFY	9	60%
Don't know	2	13%
Total	15	100%

SECTION TWO: Expectations for ETS

ASK IF ANSWERED B - J AT Q1:

Q4A: How long - approximately - did you wait between being asked if you would like to be referred to extended telephone support, and being contacted by Parentline to arrange the sessions? *(Please select one only)* (Total base = 66, referred from Local authority or CAFCASS)

		Total
	Count	Column N %
Less than a week	17	26%
1-2 weeks	31	47%
3-4 weeks	10	15%
More than a month	4	6%
More than 2 months	1	2%
Other (please specify)	2	3%
Don't know	1	2%
Total	66	100%

ASK IF ANSWERED A AT Q1:

Q4B: How long approximately did you wait between the Parentline support worker telling you about extended telephone support and them contacting you to arrange your sessions?
(Please select one only) (Total base = 14, referred from Parentline only)

		Total
	Count	Column N %
Less than a week	4	29%
1-2 weeks	5	36%
3-4 weeks	2	14%
More than a month	1	7%
More than 2 months	1	7%
Don't know	1	7%
Total	14	100%

ASK ALL

Q4C: And was that...? (*Please select one only*) (Total base = 80, All)

		Total
	Count	Column N %
Too long	13	16%
About right	64	80%
Other	3	4%
Total	80	100%

ASK ALL

Q4D: And how long - approximately - will you be waiting between being contacted by the coordinator to arrange times for your sessions, and the first session taking place? (*Please select one only*) (Total base = 80, All)

		Total
	Count	Column N %
Less than a week	14	18%
1-2 weeks	29	36%
3-4 weeks	5	6%
More than a month	7	9%
More than 2 months	2	3%
Other (please specify)	2	3%
Don't know	21	26%
Total	80	100%

ASK ALL

Q4E: And is that...? (*Please select one only*) (Total base = 80, All)

		Total
	Count	Column N %
Too long	15	19%
About right	48	60%
Other	4	5%
Don't know	13	16%
Total	80	100%

ASK ALL

Q4F: Which of the following statements most closely reflects your experience in arranging the times for your sessions? (*Please select one only*) (Total base = 80, All)

		Total
	Count	Column N %
I was able to choose a time for my sessions that suited me best	49	61%
The times that I would have preferred for my sessions weren't available	5	6%
The times that I would have preferred for my sessions were available	6	8%
I don't mind what time I have my sessions	6	8%
None of the above	14	18%
Total	80	100%

ASK ALL

Q5: When you were first informed about the extended telephone support, how appropriate did you feel it would be for you? (*Please select one only*) (Total base = 80, All)

		Total
	Count	Column N %
Very appropriate	35	44%
Fairly appropriate	25	31%
Not very appropriate	7	9%
Not at all appropriate	1	1%
Don't know	12	15%
Total	80	100%

ASK ALL

Q5a: What were your reasons for deciding to take up the offer of the extended telephone support service? (Total base = 80, All)

		Total
	Count	Column N %
I had a long term problem / issue I wanted to change	23	29%
It's a free service / no cost	11	14%
Someone to talk to	44	55%
Share my problems with	22	28%
Desperate / needed help	29	36%
Like/prefer telephone based help	15	19%
Other sources of support not available	10	13%
Other sources of support not appropriate	3	4%
Other sources of support had failed / not worked / tried others	11	14%
Other - please specify	11	14%
1 to one support / Privacy	6	8%
Helpful / good support	5	6%
Convenience / No travel involved	7	9%
Source of information	2	3%
Required outside support	4	5%
Don't know	1	1%
Total	80	100%

ASK ALL

Q5B: How many telephone support sessions do you expect to undertake? (Total base = 80, All)

		Total
	Count	Column N %
0	1	1%
2	1	1%
3	1	1%
4	1	1%
6	54	68%
8	3	4%
10	1	1%
Don't know	18	23%
Total	80	100%

ASK ALL

Q5D: What issues or problems are you hoping to address through the Parentline telephone support? (Open question) (Total base = 80, All)

	Total	
	Count	Column N %
Behavioural problems	51	64%
Parenting issues / support	13	16%
ADHD / special needs	7	9%
Drug abuse	1	1%
Emotional problems	10	13%
Mental health issues	3	4%
Truancy	2	3%
Bullying	1	1%
Other	16	20%
Marriage break up	4	5%
Adolescence	13	16%
Disability	1	1%
Arguments between siblings	7	9%
Communication with children	2	3%
Total	80	100%

ASK ALL

Q5E: And what format do you expect the sessions to take? (Total base = 80, All)

		Total
	Count	Column N %
General talking / discussion	53	66%
Question and answer session	19	24%
Getting advice from the parent support worker	43	54%
Confirming / checking advice given to me elsewhere	10	13%
Setting targets or making plans	29	36%
Working out strategies for dealing with things	41	51%
Written materials, leaflets etc	20	25%
Other - PLEASE WRITE IN	8	10%
Don't Know (Do not read out)	13	16%
Total	80	100%

ASK ALL

Q5F: And what are you hoping to get out of the sessions? OPEN QUESTION (Total Base = 80)

		Total
	Count	Column N %
Identify what needs to change in my family	39	49%
Get support to make changes	59	74%
Improved relationship with child / children	56	70%
Improved relationship with partner or other family members	18	23%
Improved ability to set boundaries / deal with discipline	46	58%
Reduced stress levels	59	74%
Someone to talk to / listen	62	78%
Improved confidence in parenting skills	40	50%
Other - PLEASE WRITE IN	16	20%
Total	80	100%

ASK ALL

Q6A: Which of the following statements most closely reflects your views on receiving parenting support over the telephone? *(Please select one only)* (Total base = 80)

		Total
	Count	Column N %
I prefer discussing my parenting issues over the phone	31	39%
I prefer discussing my parenting issues face to face	18	23%
No preference - I don't mind which type of support I use	31	39%
Total	80	100%

Q6B: And can you explain why you say that? OPEN QUESTION (Total base = 71. Multiple responses allowed)

		Total
	Count	Column N %
No particular preference	11	11%
Any support is good	15	15%
Confidentiality	1	1%
Convenience	16	16%
Prefer face to face	15	15%
Health reasons	4	4%
More personal	10	10%
Feels more anonymous	5	5%
Time issue	2	2%
Other	8	8%
DK	1	1%
Easier to open up on phone	2	2%
Difficult to establish relationship online	2	2%
Difficult to talk personal issue on the phone	4	4%
Just personal preference	1	1%
Only option available	1	1%
Total	98	100%

SECTION THREE: Current views on parenting

ASK ALL

Q7A: Can you rate how you feel about the following, on a scale of 1 – 5, with 1 being the lowest or worst, and 5 being the highest or best?

1. Your confidence in your abilities as a parent? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	3	4%
2	15	19%
3	31	39%
4	21	26%
Highest or best	10	13%
Total	80	100%

2. Your understanding of your child's needs? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	3	4%
2	11	14%
3	30	38%
4	21	26%
Highest or best	15	19%
Total	80	100%

3. Your ability to set boundaries for your child? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	7	9%
2	22	28%
3	28	35%
4	17	21%
Highest or best	6	8%
Total	80	100%

4. Your ability to praise your child? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
2	8	10%
3	10	13%
4	34	43%
Highest or best	28	35%
Total	80	100%

5. How well you can identify your own needs? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	10	13%
2	19	24%
3	27	34%
4	13	16%
Highest or best	11	14%
Total	80	100%

6. Your stress levels? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	21	26%
2	30	38%
3	16	20%
4	8	10%
Highest or best	5	6%
Total	80	100%

7. How easily you can get support from other people in your life? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	8	10%
2	21	26%
3	13	16%
4	21	26%
Highest or best	17	21%
Total	80	100%

8. Your relationship with other family members? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	5	6%
2	13	16%
3	19	24%
4	23	29%
Highest or best	20	25%
Total	80	100%

9. Your ability to make changes to your life? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	4	5%
2	17	21%
3	31	39%
4	17	21%
Highest or best	11	14%
Total	80	100%

10. How you cope with the challenges you're facing now? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	4	5%
2	24	30%
3	35	44%
4	14	18%
Highest or best	3	4%
Total	80	100%

11. Your confidence in dealing with services like schools, health visitors or children's centres? (*please select one only*) (Total base = 80, All)

Total		
	Count	Column N %
Lowest or worst	3	4%
2	9	11%
3	12	15%
4	27	34%
Highest or best	29	36%
Total	80	100%

ASK ALL

Q7B: And do you have any other comments about the extended telephone support service?
OPEN QUESTION (Total base = 80, All. Multiple responses allowed)

		Total
	Count	Column N %
Wonderful service - very professional and helpful	30	29%
Contact has lapsed	3	3%
Good to have someone there to talk to	10	10%
Needs to be promoted better	2	2%
No comments yet	18	17%
Don't know what to expect yet - no contact	13	12%
Contacted out of desperation	2	2%
Getting the information I required	2	2%
Other	17	16%
Didn't tell me anything I didn't know already	4	4%
Could be longer - goes too quickly	1	1%
More evening support workers	1	1%
Takes too long for them to contact you - needs to be quicker	2	2%
Total	105	100%

SECTION FOUR: Demographics

QD1 What is your role within the family? (*please select one only*) (total base = 80, All)

		Total
	Count	Column N %
Mother	73	91%
Father	3	4%
Step-mother	3	4%
Grandmother	1	1%
Total	80	100%

QD2 What is the make-up of your family? (*please select one only*) (total base = 80, All)

		Total
	Count	Column N %
Lone mother	39	49%
Nuclear - Married	19	24%
Step-family	2	3%
Nuclear: cohabiting	9	11%
Other (please specify)	11	14%
Total	80	100%

QD3 What is your postcode?

QD4 What is your age? (total base = 80, All)

Total		
	Count	Column N %
20	1	1%
23	1	1%
26	1	1%
27	1	1%
29	1	1%
30	3	4%
31	2	3%
33	4	5%
34	5	6%
35	1	1%
36	4	5%
37	5	6%
38	2	3%
39	3	4%
40	11	14%
41	2	3%
42	4	5%
43	9	11%
44	4	5%
45	1	1%
46	3	4%
47	2	3%
48	1	1%
49	1	1%
50	3	4%
51	1	1%
52	1	1%
53	1	1%
54	1	1%
60	1	1%
Total	80	100%

QD5A How many children are in your family? (Total base = 80, All)

		Total
	Count	Column N %
1	13	16%
2	41	51%
3	14	18%
4	5	6%
5	5	6%
6	2	3%
Total	80	100%

QD5B And what are the ages of the children in your family? (Total base = 191, All. Multiple responses allowed)

		Total
	Count	Column N %
0	1	1%
1	5	6%
2	7	9%
3	9	11%
4	7	9%
5	7	9%
6	11	14%
7	9	11%
8	5	6%
9	8	10%
10	17	21%
11	12	15%
12	16	20%
13	14	18%
14	11	14%
15	10	13%
16	9	11%
17	8	10%
18	8	10%
19	2	3%
20	8	10%
21	2	3%
22	2	3%
24	1	1%
25	2	3%
Total	191	100%

QD6 Does your household access the internet from home? (total base = 80, All)

		Total
	Count	Column N %
Yes	59	74%
No	20	25%
don't access it from home but I do elsewhere (egg. work, library	1	1%
Total	80	100%

QD7 (ASK IF YES TO QD6 ABOVE, OTHERS GO TO QD8) If yes, how do you access the internet, is that via...? (Total base = 59, All those with internet access)

		Total
	Count	Column N %
A Yes - via home computer	51	86%
D Yes - Other (please specify)	8	14%
Total	59	100%

QD8A Do you have a disability? (Total base = 80, All)

		Total
	Count	Column N %
Yes	11	14%
No	69	86%
Total	80	100%

QD8B Does the child/young person you contacted Parentline's extended telephone support service about have a disability? (Total base = 80, All)

		Total
	Count	Column N %
Yes	19	24%
No	60	75%
Don't know	1	1%
Total	80	100%

QD9 How would you describe your ethnic background (Total base = 80, All)

Total		
	Count	Column N %
White British	71	89%
White Other	3	4%
Mixed – White and Asian	1	1%
Indian	1	1%
Pakistani	1	1%
Black Caribbean	2	3%
Black African	1	1%
Total	80	100%

QD10 How would you describe the ethnic background of the children in your family? (Total base = 80, All, multiple responses allowed)

Total		
	Count	Column N %
White British	69	86%
White Other	2	3%
Mixed - White and Black Caribbean	3	4%
Mixed - White and Asian	2	3%
Indian	1	1%
Pakistani	1	1%
Black Caribbean	2	3%
Black African	1	1%
Not applicable	11	14%
Total	92	100%

QD11 And finally, approximately how much money does your household receive each year? (Total base = 80, All)

Total		
	Count	Column N %
A Under £5,000	1	1%
B £5,001 to £10,000	10	13%
C £10,001 to £15,000	17	21%
D £15,001 to £20,000	5	6%
E £20,001 to £30,000	10	13%
F Over £30,001	12	15%
G Prefer not to say	25	31%
Total	80	100%

Topline data - after survey

Technical note: Results are based on 66 interviews conducted over the telephone with a sample of parents accessing the Extended Telephone Service. Interviews were conducted within two weeks of the parent completing their course of ETS sessions from a sample provided by Parentline Plus. Interviews were conducted between 5th January and 15th June 2009. Where results do not sum to 100%, this may be due to multiple responses, computer rounding or the exclusion of 'don't know/not stated' response categories.

'Tick all that apply' or multiple responses mean that respondents can give more than one answer to a question, therefore results will total more 100 as percentages are based on the total number of responses given.

SECTION ONE: Progress through ETS

Q1: Can I just check, how did you first hear about the extended telephone support service?
(Please select one only) (Total base = 66, All)

	Number	%
From contacting Parent line's general helpline, website, email support or local office	18	27%
From CAFCASS (organisation which looks after children involved in family court proceedings)	2	3%
From my Local Authority (Justice) - Youth Offending Team, Probation Services, Police, Anti-social behaviour team	1	2%
From my Local Authority - Children and Young People's Services	2	3%
From my Local Authority (Mental Health) - Child and Adolescent Mental Health Team, Community Mental Health Team	10	15%
From my Local Authority (Education) - Teacher, School Nurse, Education Welfare Officer, other education teams	2	3%
From my Local Authority (Social Services) - Social worker / social services, Children's social care team	8	12%
From my Local Authority (Health) - GP, health visitor, community midwives, other health professional	1	2%
From my Local Authority - Housing services	2	3%
From my Local Authority - Other (please specify)	20	30%
Total	66	100%

Q1A: How many sessions of extended telephone support have you undertaken so far? (Total base = 66, All)

Total		
	Count	Column N %
0	1	2%
1	3	5%
2	2	3%
3	7	11%
4	10	15%
5	8	12%
6	31	47%
8	1	2%
12	1	2%
16	1	2%
45- will be back checked	1	2%
Total	66	100%

Q1B: And have you completed all of the sessions of telephone support offered to you? (Please select one only) (Total base = 66, All)

Total		
	Count	Column N %
A Still in progress - will be having more sessions	2	3%
B Did all the sessions offered	27	41%
C Missed some sessions but won't be having any more	26	39%
D Other - PLEASE WRITE IN	11	17%
Total	66	100%

Q1C: Did you miss or need to rearrange any of your sessions? (Please select one only) (Total base = 29, those who completed all sessions or are still having sessions)

Total		
	Count	Column N %
Yes	13	45%
No	16	55%
Total	29	100%

Q1D: And was there any particular reason why you missed or rearranged some sessions?
(Please select all that apply) (Total base = 39, all who missed sessions. Multiple responses allowed)

Total		
	Count	Column N %
Sessions were at inconvenient times	7	18%
I couldn't make the sessions	8	21%
My children were around so I couldn't give the session my at	2	5%
I didn't think the sessions were useful / helping me	1	3%
The service wasn't what I was expecting	1	3%
I didn't need the support any more	4	10%
The support worker and I agreed I didn't need any more session	1	3%
Other - PLEASE WRITE IN	10	26%
Ill / Medical conditions	6	15%
Total	39	100%

ASK ALL

Q1E: What were the main issues that your sessions covered? OPEN QUESTION (Total base = 66, All. Multiple response allowed)

Total		
	Count	Column N %
ADHD / Special needs	6	7%
Behavioural problems / issues	39	43%
Communication	6	7%
Marriage break-up	5	6%
Parenting issues	3	3%
Teenage issues	8	9%
My relationship with my child / children	9	10%
My health issues	1	1%
Tensions between siblings	5	6%
Other	4	4%
Discipline	2	2%
Relationship with partner	1	1%
Child's emotional problems	1	1%
Total	90	100%

Q1F: And can you describe the format or type of support you received in the sessions?
(Please select all that apply) (Total base = 66, All, multiple responses allowed)

Total		
	Count	Column N %
Just general talking / discussion	56	85%
Question and answer session	20	30%
Getting advice from the worker/call taker	49	74%
Confirming advice held elsewhere	14	21%
Setting targets or making plans	41	62%
Finding out strategies for dealing with things	38	58%
Written materials, leaflets etc	25	38%
Other - PLEASE WRITE IN	24	36%
Total	66	100%

SECTION TWO: Customer experience

Q2A: How long, on average, were the telephone support sessions? *(Please select one only)*
 (Total base = 66, All)

Total		
	Count	Column N %
Less than 30 minutes	9	14%
31 to 45 minutes	31	47%
46 minutes to an hour (60 minutes)	24	36%
An hour (61 minutes) to an hour and a quarter (75 minutes)	2	3%
Total	66	100%

Q2B: And was that length...? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Too long	5	8%
Too short	1	2%
About right	57	86%
Other	3	5%
Total	66	100%

Q3A: Looking back at how you were first told about the extended telephone support service, and referred onto it, how satisfied or dissatisfied are you now with that process? (*Please select one only*) (Total base = 66, All)

		Total
	Count	Column N %
Very satisfied	43	65%
Fairly satisfied	15	23%
Not very satisfied	6	9%
Not at all satisfied	1	2%
Don't Know	1	2%
Total	66	100%

Q3B: And can you tell us why you say that? OPEN QUESTION (Total base - 66, All. Multiple responses allowed)

		Total
	Count	Column N %
No follow up call / communication	3	3%
The support was helpful, supportive and informative	29	33%
Easy to set up / quick / convenient	15	17%
Good to talk to someone not directly involved	5	6%
Long waiting time	8	9%
Better one to one with advisor	2	2%
Didn't help much - no magical solution	5	6%
Could do with more sessions	3	3%
Didn't know what to expect	5	6%
Other	8	9%
Feel confident talking on the phone	2	2%
It's anonymous	2	2%
Total	87	100%

Q4: How satisfied or dissatisfied were you with the format of the sessions that you received? (*Please select one only*) (Total base = 66, All)

		Total
	Count	Column N %
Very satisfied	52	79%
Fairly satisfied	11	17%
Not very satisfied	1	2%
Not at all satisfied	2	3%
Total	66	100%

Q5: Overall, how useful was the support or advice you received during the sessions? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Very useful	46	70%
Fairly useful	16	24%
Not very useful	2	3%
Not at all useful	1	2%
Don't Know	1	2%
Total	66	100%

Q6: Thinking about your purpose for taking up the extended telephone support, to what extent were your expectations met? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	40	61%
To a small extent	18	27%
Not very much	1	2%
Not at all	2	3%
Don't Know	5	8%
Total	66	100%

Q7: How would you rate the parent support worker who conducted your sessions on the following issues?

Q7A How supportive was your parent support worker? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Very	60	91%
Fairly	3	5%
Not very	1	2%
Not at all	2	3%
Total	66	100%

Q7B How helpful was your parent support worker? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Very	59	89%
Fairly	5	8%
Not at all	2	3%
Total	66	100%

Q7C How able were they to offer advice about the issues you raised? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Very	52	79%
Fairly	10	15%
Not very	1	2%
Not at all	3	5%
Total	66	100%

Q7D How able were they to help you make changes in your life? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Very	31	47%
Fairly	21	32%
Not very	11	17%
Not at all	3	5%
Total	66	100%

Q8: And can you tell us to what extent....

Q8A You felt listened to? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
To a great extent	59	89%
To some extent	4	6%
Not very much	2	3%
Not at all	1	2%
Total	66	100%

Q8B Were your views taken into account? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
To a great extent	58	88%
To some extent	5	8%
Not very much	1	2%
Not at all	2	3%
Total	66	100%

Q8C Were you able to shape what was discussed in the sessions? *(Please select one only)*
(Total base = 66, All)

Total		
	Count	Column N %
To a great extent	50	76%
To some extent	13	20%
Not very much	2	3%
Not at all	1	2%
Total	66	100%

Q8D The sessions addressed your needs? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
To a great extent	47	71%
To some extent	12	18%
Not very much	3	5%
Not at all	4	6%
Total	66	100%

Q9A: Which of the following statements most closely reflects your views on receiving extended parenting support over the telephone? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
I am happy to discuss parenting issues over the phone	44	67%
I would prefer to discuss parenting issues face to face	16	24%
I would prefer to use an online discussion about parenting i	1	2%
None of the above (NOT READ OPTION OUT IF NO OPTIONS ARE SE	5	8%
Total	66	100%

Q9B: How appropriate do you feel extended telephone support was for your situation?
(Please select one only) (Total base = 66, All)

Total		
	Count	Column N %
a Very appropriate	50	76%
b Fairly appropriate	10	15%
c Not very appropriate	5	8%
d Not at all appropriate	1	2%
Total	66	100%

Q9C: Can you tell us why you say that? OPEN QUESTION (Total base = 66, All. Multiple responses allowed)

Total		
	Count	Column N %
Convenient	10	10%
It was good to have someone to talk to and who listens	22	21%
Could be more flexible with time of calls	4	4%
Would have preferred face to face	8	8%
Feel comfortable talking on the phone	4	4%
Immediate help	3	3%
Very encouraging and helpful	9	9%
Prefer anonymity of telephone support	7	7%
Advisors not experienced enough	4	4%
Other	24	23%
Easy to use	1	1%
It was encouraging - no pre-judgement	3	3%
Only option available	1	1%
Not relevant to my problems	2	2%
Felt impersonal on the phone	1	1%
Total	103	100%

ASK IF ANSWERED C OR D AT Q9B

Q9D: And can you say how you would have preferred to receive support for your situation?
OPEN QUESTION (Total base = 66, All)

Total		
	Count	Column N %
Phone was ok	39	59%
Face to face would have been better	24	36%
DK	2	3%
Internet	2	3%
No preference	2	3%
Privacy a problem with phone	1	2%
Wanted a solution immediately, didn't want to wait	1	2%
Drop in centre	1	2%
Other	7	11%
Total	66	100%

Q9E: Has your view of receiving intensive support over the telephone changed since you undertook your sessions? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Yes	29	44%
No	33	50%
Don't know	4	6%
Total	66	100%

Q9F: If yes, can you explain in what way? OPEN QUESTION (Total base = 29, multiple responses allowed)

Total		
	Count	Column N %
It has renewed my confidence	7	20%
It was better than I thought	7	20%
Feel disappointed, felt I couldn't open up	1	3%
I'd rather do face to face from now on	1	3%
Liked the anonymity	1	3%
It was not relevant for my needs	1	3%
It was a very positive experience	7	20%
Other	10	29%
Total	35	100%

SECTION THREE: Distance Travelled

Q10: Can you rate how you feel about the following, on a scale of 1-5, with 1 being the lowest or worst and 5 being the highest or best?

Your confidence in your abilities as a parent? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	2	3%
2	3	5%
3	22	33%
4	23	35%
Highest or best	16	24%
Total	66	100%

Your understanding of your child's needs? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
2	3	5%
3	12	18%
4	33	50%
Highest or best	18	27%
Total	66	100%

Your ability to set boundaries for your child? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	3	5%
2	6	9%
3	19	29%
4	27	41%
Highest or best	11	17%
Total	66	100%

Your ability to praise your child? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	1	2%
2	5	8%
3	11	17%
4	17	26%
Highest or best	32	48%
Total	66	100%

How well you can identify your own needs? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	2	3%
2	11	17%
3	22	33%
4	23	35%
Highest or best	8	12%
Total	66	100%

Your stress levels? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	12	18%
2	14	21%
3	19	29%
4	14	21%
Highest or best	7	11%
Total	66	100%

How easily you can get support from other people in your life? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	7	11%
2	13	20%
3	16	24%
4	18	27%
Highest or best	12	18%
Total	66	100%

Your relationship with other family members? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	2	3%
2	5	8%
3	13	20%
4	23	35%
Highest or best	23	35%
Total	66	100%

Your ability to make changes to your life? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	1	2%
2	6	9%
3	24	36%
4	16	24%
Highest or best	19	29%
Total	66	100%

How you cope with the challenges you're facing now? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	3	5%
2	9	14%
3	21	32%
4	20	30%
Highest or best	13	20%
Total	66	100%

Your confidence in dealing with services like schools, health visitors or children's centres? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Lowest or worst	2	3%
2	5	8%
3	11	17%
4	21	32%
Highest or best	27	41%
Total	66	100%

Q11 How has your participation in extended telephone support changed things, to what extent do you?

a) Feel reassured (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	23	35%
To a small extent	23	35%
Not very much	8	12%
Not at all	5	8%
Don't know	2	3%
Too early to say	5	8%
Total	66	100%

b) Feel better informed (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	33	50%
To a small extent	20	30%
Not very much	5	8%
Not at all	5	8%
Don't know	1	2%
Too early to say	2	3%
Total	66	100%

c) Feel less isolated (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	22	33%
To a small extent	18	27%
Not very much	10	15%
Not at all	9	14%
Don't know	5	8%
Too early to say	2	3%
Total	66	100%

d) Feel more confident (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	27	41%
To a small extent	23	35%
Not very much	8	12%
Not at all	6	9%
Don't know	1	2%
Too early to say	1	2%
Total	66	100%

e) Approach things differently (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	30	45%
To a small extent	19	29%
Not very much	7	11%
Not at all	5	8%
Don't know	2	3%
Too early to say	3	5%
Total	66	100%

f) Feel able to communicate more effectively (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	26	39%
To a small extent	21	32%
Not very much	8	12%
Not at all	5	8%
Don't know	2	3%
Too early to say	4	6%
Total	66	100%

g) Feel less stressed (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	15	23%
To a small extent	25	38%
Not very much	9	14%
Not at all	11	17%
Don't know	1	2%
Too early to say	5	8%
Total	66	100%

h) Feel able to make changes in my life (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	21	32%
To a small extent	25	38%
Not very much	7	11%
Not at all	7	11%
Don't know	3	5%
Too early to say	3	5%
Total	66	100%

Q12A: To what extent did the extended telephone support help you cope more effectively?
(Please select one only) (Total base = 66, All)

Total		
	Count	Column N %
To a large extent	34	52%
To a small extent	19	29%
Not very much	5	8%
Not at all	3	5%
Too early to say	4	6%
Don't Know	1	2%
Total	66	100%

Q12B: Since having the extended telephone support, do you feel that your overall confidence has? (Please select one only) (Total base = 66, All)

Total		
	Count	Column N %
Improved	46	70%
Stayed the same	14	21%
Got worse	1	2%
Too early to say	2	3%
Not applicable	2	3%
Don't Know	1	2%
Total	66	100%

Q12C: Thinking about your initial reasons for getting involved with the extended telephone support, what impact has it had, do you think it has..? (Please select one only) (Total base = 66, All)

Total		
	Count	Column N %
A Helped situation a lot	36	55%
B Helped situation a little	17	26%
C Did not have any effect on situation	7	11%
E Too early to say	3	5%
F Not sure what part it played	3	5%
Total	66	100%

Q12D: Since using the extended telephone support service, would you say that your parenting overall has? *(Please select one only)* (Total base = 66, All)

Total		
	Count	Column N %
Improved	43	65%
Stayed the same	11	17%
Too early to say	5	8%
Not applicable	5	8%
Don't Know	2	3%
Total	66	100%

Q13A: To what extent do you think any improvements we have just discussed are a result of the extended telephone support? *(Please select one only)* (Total base = 43, those who thought their parenting had improved)

Total		
	Count	Column N %
To a large extent	32	74%
To a small extent	9	21%
Not very much	1	2%
Don't know	1	2%
Total	43	100%

Q13B: And to what extent do you think any improvements are due to other factors? *(Please select one only)* (Total base = 43, those who thought their parenting had improved)

Total		
	Count	Column N %
a To a large extent	11	26%
b To a small extent	15	35%
c Not very much	9	21%
d Not at all	6	14%
e Don't know	2	5%
Total	43	100%

ASK IF A OR B AT Q13B

Q13C: Can you say what those factors are? OPEN QUESTION (Total base = 26, if improvements due to other factors. Multiple responses allowed)

Total		
	Count	Column N %
Family / friends help	3	5%
Partner discussions / help	3	5%
Parenting classes	1	2%
Websites	2	3%

Total		
I ask for help when I need it	1	2%
Child's behaviour has improved	5	8%
Going back to work	2	3%
Health visitor	1	2%
Help from school	3	5%
Other	5	8%
Having time to reflect	4	6%
Having someone to talk to	6	9%
Less stress	1	2%
More routine	1	2%
Support from GP	1	2%
Tips on how to cope	1	2%
Total	66	100%

ASK ALL

Q14: Now you've experienced the extended telephone support, can you say what have been the key changes in your family life? OPEN QUESTION (total base = 66, all but allowed multiple responses)

Total		
Count		Column N %
Ability to cope/more confident	13	11%
Better communication	8	7%
Child's behaviour has improved	9	8%
Boundaries more clear	7	6%
Gone back to work	2	2%
Look at things from child's point of view	8	7%
I have more control of myself	13	11%
More positive - can see light at the end of the tunnel	4	4%
Our relationship has improved, we're closer	5	4%
Other	19	17%
Don't think changes are due to telephone support	1	1%
I listen more effectively	4	4%
Knowing I'm not alone in having problems	1	1%
Knowing there is someone to talk to if necessary	4	4%
No changes	12	11%
Putting myself first for once	2	2%
Spending quality time together	1	1%
Support from family	1	1%
Total	114	100%

SECTION FOUR: Follow up actions

Q15: Did you take any actions as a result of your participation in the extended telephone support? *(Please select all that apply)* (Total base = 66, All)

Total		
	Count	Column N %
Talked to my child / teenager / partner / ex partner	26	39%
Changed my approach to dealing with my child / teenager / partner	48	73%
Used / contacted another service	5	8%
Visited my GP, counsellor, teacher or other practitioner	9	14%
Got a referral to a specialist service	7	11%
Took no further action	7	11%
Too soon - I plan to take action at a later date	4	6%
Other (please specify)	8	12%
Don't know	4	6%
Total	66	100%

ASK IF RESPONDED C - J AT Q1

Q16A: Has your participation in the extended telephone support service affected your view of what services your Local Authority can offer you? *(Please select one only)* (Total base = 24, Local Authority referrals only)

Total		
	Count	Column N %
Yes	12	50%
No	9	38%
Don't Know	3	13%
Total	24	100%

Q16B: In what way has your view changed? (*Open question*) (Total base = 12, Local Authority referrals who answered yes to Q16A)

Total		
	Count	Column N %
[mother reacted negatively when respondent mentioned social services]	1	8%
2 years ago they were not offering anything now a lot more on offer	1	8%
am aware of additional services available	1	8%
But generally they have been unsupportive.	1	8%
didn't know it was local authority	1	8%
Found out a lot more info	1	8%
I didn't know Parent line was around, so it's broadened my horizons in that regard.	1	8%
I had nowhere else to turn, and it showed me there were other places to go.	1	8%
interesting to know that help was available	1	8%
It's the first service we've had a positive reaction and help from	1	8%
more aware of what's available	1	8%
more aware of what help available and how to access it	1	8%
The local authority [community mental health team] simply said phone Parent line and that was it.	1	8%
The Local Authority has taken 6 months to offer the assistance I've asked for, so I am now having a better view of what they can offer.	1	8%
They know I'm struggling with my son and how unhappy I am	1	8%
Total	12	100%

Q17A: Would you consider using any form of parenting support in the future? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Yes	63	95%
No	2	3%
Don't Know	1	2%
Total	66	100%

ASK IF YES AT Q17A

Q17B: What sort of support would you consider using? (*Please select all that apply*) (Total base = 63, all who would use ETS again. Multiple responses allowed)

Total		
	Count	Column N %
A parenting website - PLEASE SPECIFY	18	29%
An SMS / Text messaging service - PLEASE SPECIFY	1	2%
A social networking site (DESCRIBE IF NECESSARY - A site when	4	6%
A face to face support service such as one to sessions - PLE	20	32%
Another telephone helpline - PLEASE SPECIFY	19	30%
A parenting group - PLEASE SPECIFY	15	24%
A leaflet or publication - PLEASE SPECIFY	12	19%
Other - PLEASE SPECIFY	22	35%
Don't know	10	16%
Total	63	100%

Q17C: Can you say why not? (*Open question*) (Total base = 2, all who would not use ETS again)

Total		
	Count	Column N %
I don't have an interest in absorbing other people's problems	1	50%
I feel I have a fair idea of the issues, and don't think there's anything that I haven't already tried	1	50%
not for parenting quite confident with that	1	50%
Total	2	100%

Q18: Would you recommend extended telephone support to other families? (*Please select one only*) (Total base = 66, All)

Total		
	Count	Column N %
Yes	63	95%
No	1	2%
Don't Know	2	3%
Total	66	100%

Q19A: What, if anything, was the most useful aspect of the extended telephone support?
(Total base = 66, All)

Total		
	Count	Column N %
Gave me an opportunity to talk to someone outside the family	34	52%
Gave me an opportunity to ask for advice	23	35%
The service was free	1	2%
I could access support from home	9	14%
I could access support when it was convenient for me	13	20%
It helped me address my problems	16	24%
It helped me with parenting	15	23%
It helped me with my relationship	3	5%
Other (Please specify)	43	65%
Total	66	100%

Q19B: And what, if anything, was the least useful aspect of the extended telephone support?
(Total base = 66, All)

Total		
	Count	Column N %
I didn't like discussing my problems over the phone	2	3%
The sessions were at inconvenient times	2	3%
It was hard to find time when my children / partner weren't	4	6%
The parent support worker couldn't offer any advice	1	2%
I didn't feel listened to	2	3%
It didn't improve my situation	3	5%
Other (Please specify)	23	35%
Nothing to improve	36	55%
Total	66	100%

Q20: In your view, could the ETS sessions have been improved in any way? OPEN
QUESTION (Total base = 66, All. Multiple responses allowed)

Total		
	Count	Column N %
No it was good as it was	43	57%
Employ more staff to cut waiting times	2	3%
More flexibility in scheduling	5	7%
More sessions	6	8%
Better training for staff	4	5%
Have an emergency line	1	1%
Follow up sessions	5	7%
Direct line to person dealing with me	1	1%
Other	9	12%
Total	76	100%

Q21: And finally, is there anything else you would like to add? OPEN QUESTION (Total base = 66, All. Multiple responses allowed)

Total		
	Count	Column N %
I found this very helpful	4	3%
really helpful very supportive	1	1%
extremely very good service can't praise them enough	1	1%
I really appreciate their help	2	2%
the councillor was brilliant - kind, patient and empathic	2	2%
After each session she sent me a summary of what we'd discussed	1	1%
Brilliant service already recommended to other people	1	1%
cant say thank you enough for all the advice support and help they gave	1	1%
felt it was worth while on the whole	1	1%
Found the sessions helpful and the support worker very approachable	1	1%
I have picked up so much since being in touch with Parentline and I have their emergency number-just knowing there is help there when needed	2	2%
good to have any non-judgmental suggestions for dealing with the ADHD/other behavioural problems	1	1%
Great for lone parents knowing there is help	1	1%
great knowing the help is there I was initially stubborn and wouldn't admit to problems but so glad I did	1	1%
I'm very satisfied with how it all went	1	1%
I've been trying different things to make the most of my parenting skills.	1	1%
I am very glad that this free service exists. I hope that it continues to be funded.	2	2%
I did feel that I got the reassurance I needed that there was nothing wrong with my parenting skills	2	2%
I feel better for having made contact - gave me the opportunity to stop & think objectively	1	1%
I felt that the support/advice was less hard line that I would be getting elsewhere	1	1%
I have offered to be a volunteer for parent line but the distance is too far	1	1%
I really enjoyed it - it was relaxing, good conversation	1	1%
I think it's a valuable service and more parents should be aware the service actually exists.	1	1%
I think Parentline are very good and offer the right support	1	1%
I was literally a locomotive at full speed for everybody else; my family functions well when I function well. Now I'm a much calmer parent in a calmer household.	1	1%
I wish I could give feedback to my councillor because he/she was wonderful and will keep using the advice I got	2	2%

Total		
I would just like to give something back for the help and support that I got I cannot praise them enough	1	1%
I would not hesitate to ring again if needed help.	2	2%
I can help lots of people good to know that such services exist out there for support	1	1%
It has helped me and my relationship with my son	1	1%
It has taught me so much about other organisations that can help	1	1%
It is a lifeline as I was so low. I have picked up so much since being in touch with Parentline and I have their emergency number-just knowing there is help there when needed	1	1%
It is amazing what help is there I don't think I could have carried on without them	1	1%
it makes you realise that you are not on your own and you know when the service is free it s all for the right reasons	1	1%
It really helped a lot. We're still working through it - now I know there are ways and means of dealing with it.	1	1%
It was a god send I was at exhaustion point when I contacted Parentline	1	1%
It was good to talk with the lady - she had good advice	1	1%
It was limited for me personally but still on the whole worthwhile	1	1%
it was pretty good - phoned on time - good in general	2	2%
Just to say thanks to Parent line for all the help and support	1	1%
keep it going - it's very helpful and reassuring to be able to pick up the phone	2	2%
Lady I was involved with became like a friend at the end of the sessions	1	1%
not expecting miracles but just good to have someone to talk to about longstanding problem	1	1%
Really good service especially for parents with teenagers	1	1%
Reassurance that were on the right path	1	1%
same again, feel would benefit from having the outstanding sessions	1	1%
She was able to take my problems and put them into little individual sections to be dealt with.	1	1%
She was just there to listen and advise not like your usual councillors that I have seen before	1	1%
she was really just what I needed	1	1%
The advisor was very reassuring with a nice soothing voice which helped	1	1%
The lady I worked with was very very useful, she did a hell of a lot for me,	1	1%
The support worker was really helpful, really understanding, so if I needed further support I would like to work with the same person again.	1	1%
Think it is a fantastic service with the right councillor	1	1%
Think its a positive and very useful service	3	3%
think its a very good idea	1	1%

	Total	
Think this service could be here to stay	1	1%
Tis councillor was excellent would not mind having more sessions with her if possible	1	1%
very experienced at what she does - a safe pair of hands	1	1%
was good it was someone outside the family and didn't feel I was judged	1	1%
Was grateful for someone to listen to me when I needed it	4	3%
was just grateful for it all and wish now that I had not stopped the sessions but at the time I thought things were resolved	1	1%
was more understanding of this child's personality	1	1%
was truly worthwhile experience and wonderful	1	1%
would be good if it was advertised I am sure there are hundreds of people out there who do not know about it	1	1%
Would be great if there was an emergency helpline to call when a situation happens and you need someone to talk to	1	1%
would not hesitate to use them again	1	1%
would recommend it to people who need practical advice but think more emotional (like how we were feeling) support would have helped	1	1%
Would recommend	1	1%
would like to see support groups in the area	2	2%
Would like somewhere where you could meet the person who has helped	3	3%
Because they've supported me as a parent with a lot of issues I feel when my children are grown up I'd like to give something back & help as a counsellor	1	1%
follow up calls would be good to see if people have taken the advice that was given	3	3%
Better structure may help. Follow up was good made me feel about myself.	1	1%
I went for the wrong reasons I wanted advice with my relationship not parenting skills	1	1%
Not sure it worked for me because lady felt out of her depth seemed to rush me off with an abrupt end	1	1%
I just can't carry through with their advice because I'm too scared of the kids	1	1%
everything covered	2	2%
None	19	16%
Other	1	1%
Total	120	100%

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